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REPORT ON FORMATIVE RESEARCH TO ASSESS KNOWLEDGE, ATTITUDES AND PERCEPTIONS REGARDING FAMILY PLANNING SERVICES IN ETHIOPIA

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ACRONYMS

ABH	Alliance for Better Health
AIDS	Acquired Immuno-deficiency Syndrome
EDHS	Ethiopia Demographic and Health Survey
FGAE	Family Guidance Association of Ethiopia
FGD	Focus Group Discussion
FP	Family Planning
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IDI	In-depth Interview
IUCD	Intrauterine Contraceptive Device
IUD	Intrauterine Device
MDG	Millennium Development Goal
MSIE	Marie Stopes International Ethiopia
NGO	Non-governmental Organization
PHSP	Private Health Sector Program
PPM	Public-private Mix
SNNP	Southern Nation, Nationalities, and Peoples
STI	Sexual Transmitted Infection
TV	Television
USAID	United States of Agency for International Development

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EXECUTIVE SUMMARY

Background: In Ethiopia, the demand for family planning (FP) services has been growing. Recent health service data show that the contraceptive acceptance rate has increased remarkably in the last decade. It is well established that the emerging private sector is increasingly playing an important role in expanding access to health care, including FP services. Despite this progress, however, there are still unmet needs for FP services including in choices/types, access, and quality, as well as socio-cultural barriers to and lack of awareness about the availability of services. In addition, there is gap in information on the enabling factors and barriers affecting the use of available FP services. Therefore, this formative research is conducted to assess the knowledge, attitudes, and perceptions that influence individuals to seek or not to seek FP services, specifically in the private sector.

Methods: This qualitative study was conducted in five selected towns of Amhara (Bahir Dar), SNNP (Hawassa), Oromia (Ambo and Adama), and Addis Ababa. It used key informant interviews and focus group discussions to gather information. Participants were private and public sector FP health providers, woreda health office FP focal persons, health extension workers, private pharmacy workers, married couples, community leaders, unmarried and married females who use FP, unmarried and married females who don't use FP, and married men.

Results: In all the study sites, participants showed a good understanding about availability of the different methods of modern FP and the benefits of using them. Most participants could name one or more FP methods and the benefits of using FP. There is no remarkable difference among study participants in the five study areas in terms of knowledge, attitude, practice, and health seeking behaviors and sources of information about FP. On the community level, most women and men have favorable attitudes toward FP service use. However several factors prevent women from using FP including myths and misconceptions, fear of side effects, demographic issues, the influence of religion, and the cost of the services. FP services are available in both public and private sectors in the study areas. Information on FP can be obtained from various sources, including partners, relatives and friends, health workers, schools, workplaces, marketplaces, religious institutions, community meetings, and through printed and broadcast (radio and TV) media.

Conclusions and recommendations: FP education activities need to focus on misconceptions and myths related to FP methods, presumed side effects of some methods, religious and cultural issues that impede use of FP, and enhancing some husbands'/partners' understanding about FP use in order to help them develop positive attitude toward the methods. Strengthening FP communication by using community-level behavior change communication activities including peer-to-peer education, coffee ceremonies, using the government structure of one-to-five organization as a platform, and organizing community events to promote FP messages would help to reduce misconceptions about FP and hence increase service utilization. Increasing the type and number of FP information messages available to the community through radio and TV, which are the preferred media for the study participants, would more widely disseminate FP information. It is also essential to involve community and religious leaders as well as prominent community personalities in FP education and awareness raising activities. Involvement of religious leaders especially would help to overcome barriers related to religions.

1. INTRODUCTION & BACKGROUND

Global development indicators show that women are the most vulnerable group in society and that they are disproportionately affected by preventable illnesses and avoidable deaths. Although there has been slow but steady progress in decreasing maternal and child mortality rates in recent years, this could be offset by demographic change. In fact, the number of untimely deaths of mothers and children continue to grow, notably in sub-Saharan Africa (1). This is especially true in resource-poor countries, where the situation is worsened by lack of access to basic education and health care, limited economic opportunities, malnutrition, and widespread violence against women.

The grim findings with regard to pregnancy- and childbirth-associated maternal deaths have led to debates at almost every international conference since the 1990s. Notable among these are the International Conference on Population and Development (ICPD), held in Cairo in 1994; and the Fourth International World Conference on Women, held in Beijing in 1995. As a result of these debates, recognition of women's reproductive choices has finally – if belatedly – been recognized as a fundamental human right (2). This has led to the development of a Program of Action. Since ICPD Cairo, many countries have developed national policies that affirm the rights of couples and individuals to decide freely on their reproductive choices. These rights include deciding on the number, spacing, and timing of their children, and to have the information and means to do so (3). Furthermore, the Millennium Development Goals (MDGs), recognizing that development that does not place women as its centerpiece is not only untenable but also unjust, have identified promoting gender equality, and empowering women and reducing maternal mortality as two of its eight development goals.

The Ethiopian government has committed itself to the Millennium Declaration, recognizing that promoting gender equity, empowering women, and reducing maternal mortality is not only a fundamental constitutional and human right but also a necessity for national development and poverty reduction (4). To translate this commitment to meaningful programmatic action, the Government of Ethiopia developed the National Reproductive Health Strategy, which incorporates fertility and family planning (FP) as one of six priority areas (5).

1.1 PROBLEM STATEMENT

Monitoring results indicate progress in implementation of ICPD and achieving MDG targets by many developing countries, including in Ethiopia. However, obstacles such as lack of human and financial resources, exacerbated by the global economic crisis, have led to slow progress, stagnation, and even reversal of gains in reducing maternal mortality in several countries. As a result, global data indicate that an estimated 287,000 women worldwide died during pregnancy and childbirth in 2012. Fifty-six percent of these deaths occurred in sub-Saharan Africa and 29 percent in Southern Asia (1). It is especially unfortunate because this situation is largely avoidable with basic interventions and modest public investment. Antenatal care, safe deliveries including emergency obstetric care, and postnatal care play an indispensable role in averting pregnancy- and childbirth-related deaths. Furthermore, FP services for prevention of unintended pregnancies, childbirth spacing, and protection against dual sexually transmitted infection (STI)/pregnancy play a critical role in reducing untimely and preventable maternal deaths.

While Ethiopia has made remarkable progress in reducing maternal mortality, it is still has a maternal mortality rate that is among the highest in the world. Effective, quality, and accessible FP services, along with other reproductive health services, could accelerate the downward trend. While for many years delivery of FP services in Ethiopia took place largely in major urban centers, recent trends indicate an

expansion of the services in rural communities as well. The reproductive health strategy states that there is a huge demand for FP services. *"Though the vast majority of FP services in Ethiopia are delivered through public sector facilities, demand greatly exceeds supply; and this gap undermines access to contraceptive services"* (5). The private sector, including the emerging private for-profit and non-governmental organizations (NGOs) can help expand access and improve quality of services.

1.2 FAMILY PLANNING IN ETHIOPIA

The 2011 Ethiopia Demographic and Health Survey (EDHS) reported that Ethiopia has a fertility rate of 5.4, a modern contraceptive prevalence rate of only 15 percent, and an unmet need for FP of 35 percent (6). The EDHS also reports that knowledge of FP methods in Ethiopia is nearly universal; 97 percent of all women and 98 percent of all men age 15–49 know at least one modern method (6). The most commonly known methods are injectables, male condoms, and the pill. More than one in four married women (27 percent) currently use a modern method. Injectables (21 percent) and implants (3 percent) are the most commonly used methods (6). The most common modern method used by women, injectables, is currently used by 14 percent of all women, 21 percent of currently married women, and 32 percent of unmarried sexually active women (6).

The use of FP is more than two times higher in urban areas compared with rural areas (49.5 percent versus 22.5 percent), and increases with higher levels of education and income (6). Current contraceptive use increases with women's education. Twenty-two percent of women with no education report current use of any method, compared with 68 percent of women with more than secondary education (6). Similarly, current use of any contraceptive method increases with wealth, from 13 percent of women in the lowest quintile to 52 percent of women in the highest quintile (6).

1.2.1 FAMILY PLANNING SERVICES: PROGRESS, CHALLENGES, AND BARRIERS

FP has evolved from a politically risky and culturally sensitive subject to a necessary service increasingly on demand in many parts of the world. In Ethiopia, the demand for FP services has been growing. Recent health service data show that the contraceptive acceptance rate has shown a remarkable increase in the past decade, from 15 percent in 2001/02, to 35 percent in 2004/05, and to 62 percent in 2009/10 (7). A community-based survey conducted in 2010 in Ethiopia documented that 35 percent of sexually experienced young adult females and 44 percent of males were using FP methods (8). Likewise, the latest EDHS showed that the rate of modern contraceptive use among currently married women has nearly doubled, from 15 percent in 2005 to 29 percent in 2009/10 (6). The survey also showed that 25 percent of currently married women have an unmet need for FP with the highest need among those 15–19 years of age (6). It is worth noting that, even with the observed wide discrepancies in the rates due to differences in data source and collection methods, these figures show an increasing demand for FP services. In spite of this progress, however, there are still unmet needs for FP services including in choices/types, access and quality. A recent Private Health Sector Program (PHSP) survey found that availability and range of FP services in the private sector is limited (9).

Many societies consider women who consciously decide not to have children as selfish; these women may be rejected by families, friends, and society at large. This attitude is based in the strong and long-held belief that a woman's duty is to bear children, and be submissive and subordinate to her partner on her reproductive choices (10). Similarly, a community-based study in Ethiopia identified that FP and birth spacing appear to be areas over which women have little decision-making power. While women approve of using modern FP methods, physical access factors combined with male opposition hinder their choices. As a result, existing methods are underutilized (11).

Another challenge is quality of and trust of FP services. This is important as ensuring quality, including maintaining privacy, good rapport and trust, adequate information, and the technical competence of the provider are key to client satisfaction, and to expanding access to and use of FP services. A study

conducted to assess quality of FP services in northwestern Ethiopia revealed that the majority of the clients feel the services did not meet their expectations, particularly with regard to client privacy. Clients feel privacy and communication are worse in public health facilities. This observation was consistent with findings from direct observations and focus group discussions with service providers (12).

Appropriate knowledge and positive attitudes are also key determinants for access to and utilization of FP services as evidenced by a study in Congo that identified lack of knowledge, fear of side effects, religious considerations, and the husband's opposition as among the barriers to use of modern FP services (13). Similarly, a study in Ghana documented lack of awareness, fear of side effects, and opposition of male partners as important barriers to women's use of FP services (14). Likewise, a study among young adults in Ethiopia showed that main reasons for non-use among sexually active respondents included partner refusal, experience or fear of side effects, religion, lack of information, and distance from service provider (8). While most studies on reproductive health, and particularly on birth spacing and contraceptive use, largely focus on women, a study in Jordan highlighted that understanding the attitude and perceptions of men, and involving them in FP services also is essential (15). A case control study in Addis Ababa has demonstrated that involvement of husbands lead to significant increase in FP use (16). A recent assessment concluded that the [programmatic] cost of contraception per CYP (couple years of protection) is similar in both the public and private sectors (17). However, the cost incurred by the couple is bound to differ and constitute a barrier to some potential users. The significance of cost of the services as a barrier has to be studied.

Furthermore, while socio-cultural barriers, and lack of awareness and availability of FP services are main threats in resource-poor developing countries that may not be a major threat to FP services in developed countries, there are other emerging challenges. A study in Michigan, USA, revealed that political barriers such as laws that reduce public funding for FP, rising costs of FP services, and increasing need threaten FP services (18). Still other current, emerging, and potential threats that FP managers need to consider are the global economic downturn, which impacts donor financing, increasing demand and need for a variety of and access to FP services, and competing priorities for public funding. Taking these into account, they need to also monitor and evaluate FP programs to ensure the relevance, adequacy, quality, and effectiveness of the programs, and devise efficient and sustainable strategies such as involvement of the private sector, NGOs, and community-based groups (19). Important considerations in this regard are defining the roles, reaching consensus on the scope, and setting standards and tools for ensuring quality of FP services. To this end, it is important to understand the extent of involvement, the current situation, and existing potentials in the private sector both from the providers' and clients' perspectives.

1.2.2 FORMATIVE RESEARCH ON PUBLIC-PRIVATE MIX

The above review on progress, challenges, and barriers underscore that if women are to exercise their reproductive rights, political will and affirmative actions are essential, but not sufficient. There is a need for more dialogue and understanding of these fundamental rights at the household, community, and national levels. Moreover, besides increasing demand for FP services, expanding access to and ensuring the quality and availability of services at affordable costs are essential. Innovative approaches including a public-private mix (PPM) of services, integrating FP into other preventive health care, and community distribution can contribute a lot to expanding FP.

Integration of FP services to expand the availability of such services to clients already using health care minimizes a missed opportunity. Program managers can improve uptake of these FP services by increasing awareness and changing the behavior of both clients and providers. Clients should be made aware of available services and providers need to give information about health services (20). Community-based and household distribution also help to narrow the gap in unmet needs (21). In this regard, a pilot study in Tanzania documented that use of community distribution agents was a source of

information for about a quarter of respondents and a source of access to contraception for a third of respondents. This mix of community distribution and facility outlets contributed to an increased contraceptive utilization rate. This easy access saved time and travel costs that could be put to competing priorities, and that community distribution agents tended to be of the same background and socio-cultural values as clients – and thus were likely to have better rapport and trust with them (22).

The private sector, both for-profit and non-profit, is not only an important actor but also the pioneer of FP services in Ethiopia. A case in point is the outstanding contribution of the Family Guidance Association of Ethiopia (FGAE). Since its establishment, with support from the International Planned Parenthood Federation, FGAE has collaborated with public and private sectors in the delivery of care, supplies, and commodities, and the training of service providers. Thus, while PPM is not necessarily a new development for FP, yet with more stakeholders and actors in the field, it is desirous to assess its effectiveness, quality, and perception of clients and devise a more robust and sustainable mechanism to maximize its potential.

The national reproductive health strategy outlines an approach that:

> *"enhances and maximizes referral systems; that segments contraceptive users by such factors as willingness to pay; and that maximizes the involvement of the public, private and NGO sectors." It also envisages delegating "to the lowest service delivery level possible, the provision of all FP methods, especially long-term and permanent methods, without compromising safety or quality of care" (5).*

There is scant information on how far this vision has been translated into action.

1.2.3 EXISTING GAPS IN RESEARCH

Literature is very limited on perspectives of private sector providers and clients including the current status, attitudes, and willingness and future potential to deliver quality and affordable FP services. Thus, formative research is needed to better understand the situation from the provider, client, and community perspective. The current study is intended to provide essential information on the role of the private sector, and knowledge and attitude of clients, health care providers, and community members on the subject.

PHSP commissioned the Alliance for Better Health Services (ABH) to conduct this formative research. ABH conducted a qualitative formative assessment, specifically focus group discussions (FGDs) and in-depth interviews (IDIs), with women of reproductive age (15–45 years) and adult men (18 and above), health providers, and community leaders, to gauge the factors that promote or inhibit use of FP methods and FP service utilization, specifically in the private sector. While it is well established that the emerging private sector plays an increasingly important role in expanding access to health care, including FP, there is a gap in information on the enabling factors and barriers affecting the use of available FP services. The findings of this research will help establish a baseline understanding of what influences individuals to seek FP services, or hinders them from doing so, and they will be used to develop messages and materials to promote FP services in the private sector.

2. STUDY OBJECTIVES

The general objective of this study is to conduct formative research to assess the attitudes and perceptions that influence individuals to seek or not seek FP services, specifically in the private sector. The findings from the formative research will help establish a baseline understanding of what influences or hinders individuals to seek FP services, and will then be used to inform messages and materials to be developed to promote FP services in the private sector.

Additionally, there are four specific objectives for this formative research exercise. They are as follows:

- to assess individual's knowledge, attitude, and practice regarding FP services
- to assess socioeconomic, cultural, and other factors that influence or hinder acceptance of FP methods
- to identify perceived barriers to accessing FP services specifically in the private sector
- to develop a set of recommendations to help design effective modes of communication regarding FP services relevant to the private health sector

3. METHODOLOGY

This qualitative formative research was conducted to better understand the knowledge, attitudes, and perceptions that influence individuals to seek or not to seek FP services, specifically in the private sector. The study focused on five selected towns: Bahir Dar in Amhara; Awassa in SNNP; Ambo and Adama in Oromia; and Addis Ababa. Data were collected through structured FGDs and IDIs in July and August 2012.

3.1 PARTICIPANTS AND RECRUITMENT

A total of 195 individuals participated in the study. FGDs were conducted with current female FP users and non-users and married men, while IDIs were conducted with married couples, community leaders, such as representatives of 'idirs'[1] and heads of women's and religious groups, woreda/District Health Office maternal health and FP focal persons, health extension workers (HEWs), public and private health sector providers, and private sector pharmacists in five selected towns (Bahir Dar, Amhara; Awassa, SNNP; Ambo and Adama, Oromia; and Addis Ababa). See Table 1 for a summary of participants by data collection method and site.

TABLE 1: SUMMARY OF PARTICIPANTS BY DATA COLLECTION METHOD AND SURVEY SITE

Data Collection Method	Participant Type	Number of sessions per town					
		Addis Ababa	Adama	Ambo	Bahir Dar	Hawassa	Total
Focus Group Discussion	Unmarried women FP users	1	1	1	1	1	5
	Unmarried women not FP users	1	1	1	1	1	5
	Married women FP users	1	1	1	1	1	5
	Married women not FP users	1	1	1	1	1	5
	Married men	1	1	1	1	1	5
	FGD Total						**25**
In-depth interview	FP service provider in a private clinic	1	1	1	1	1	5
	FP service provider in a public facility	1	1	1	1	1	5
	Private pharmacists	1	1	1	1	1	5
	HEWs	1	1	1	1	1	5
	Woreda FP focal person	1	1	1	1	1	5
	Married couples	2	2	2	2	2	10
	Community leaders	2	2	2	2	2	10
	IDI Total						**45**

[1] A traditional social security scheme for mourning, burials, and other social activities.

All participants were selected through a purposive sampling method. Specifically for FGD recruitment, participants were purposively recruited in the community through HEWs using the study inclusion criteria as the selection criteria (sex, age, marital status, and FP use). Local facilitators first contacted the HEWs in person to explain the study. The HEW then contacted potential participants individually. Those who consented to participate in the study were included in an FGD.

3.2 RESEARCH TOOLS & DATA COLLECTION

Guides were prepared and used in the FGDs and IDIs (found in Annexes A & B, respectively) to collect information on attitudes toward and understanding of FP and child spacing, including patterns of spousal communication and decision making, knowledge of supply sources, access to services, actual FP use with reasons for non-use, intention for future use of contraceptives, and level of unmet need.

Specifically the guides were designed to:

- assess knowledge about FP by asking questions about the different FP methods, benefits of using modern FP methods, preferred FP methods, and misconceptions about FP
- identify common attitudes and practices around FP use, such as what constitutes an ideal family, men's and women's attitudes toward FP, decision making and men's role in the process, community attitudes toward people using FP methods, and the perceived importance of FP
- identify factors that hinder or influence use of FP, including reasons for women to use FP methods and factors that prevent women from seeking FP services
- determine where women prefer to go for FP services, what factors play a role in the women's decision of where to seek FP services, and whether women go to private sector providers for FP services
- elicit common sources of FP information, trusted sources, the types of information received from such sources, whether there are specific FP services for men, and what activities exist that currently promote FP services

FGDs and IDIs were conducted by a team of two: one moderator and one note taker. The moderator was in charge of leading the discussion and asking questions. The note taker recorded discussion topics, responses, and overall observations. The field work was closely supervised by the principal investigator.

3.3 ANALYSIS

Both the FGDs and IDIs were audio taped. All FGDs and IDIs were first transcribed in the Amharic language and then translated into English. The transcripts were analyzed to determine key findings that emerged. Specifically, thematic analyses were applied to the qualitative data in order to categorize, rank, and rate the responses of the interviewees and discussants. Particularly surprising, insightful, or illustrative responses from the interviewees and discussants are quoted in the findings section below.

3.4 LIMITATIONS OF THE STUDY

The primary goal of this study is to understand knowledge, attitudes, and perceptions that influence individuals to seek or not to seek FP services, specifically in the private sector. This formative research was only conducted in five selected towns and some aspects of the findings may not be relevant to the rural population. Therefore, like any similar qualitative study, participants here may not be representative of the larger population. Hence generalization of the study outcome for the entire population will have limited reliability.

3.5 ETHICAL CONSIDERATIONS

Permission was obtained from sub-city and Regional Health Bureaus of selected towns before starting data collection and the researcher got verbal consent from all respondents. FP participants were informed of the purpose of the study. It was emphasized that the study was an attempt to understand knowledge, attitudes, and perceptions about FP and contraception methods and to design a communication campaign to reduce barriers to FP use and generate demand for FP services in the private sector. Guiding questionnaires were assigned unique codes and the results of each individual guiding questionnaire were kept in strict confidence. The right to refuse or to not answer was respected. Confidentiality of all the information collected was maintained.

4. FINDINGS OF THE STUDY

This chapter discusses study findings gleaned from participant responses in each of the five study towns.

4.1 ADDIS ABABA

4.1.1 KNOWLEDGE ABOUT FAMILY PLANNING

Most participants in Addis Ababa identified intrauterine devices (IUDs), injectables, implants, oral contraceptive pills, emergency contraceptive pills, breast feeding, the calendar method, and male condoms as modern FP methods. The majority identified injectables as very popular in their respective communities. Among reasons given for this preference was the how easy and discrete using injectables is.

> *"One can forget taking pills every day and so may risk pregnancy. For injectables, all you have to do is wait your next appointment" [married FP-using woman].*

> *"Depo is preferred by women because they can use it without their husbands' knowledge" [30-year-old non-FP-user woman].*

The least-preferred method appears to be oral contraceptives because it is easy to forget to take pills and pills have perceived side effects.

> *"The pill is not preferred because it can be missed. It also causes heartburn and skin problems" [35-year-old woman].*

For some single FP-user women, IUDs seemed to be the least popular method, based on community beliefs about IUDs, such as they cause excessive menstrual bleeding, and pain or discomfort when the woman lifts heavy objects.

> *"IUD is painful. In addition, implant is also problematic; especially for daily laborers as their hands hurt, they couldn't do their jobs properly" [married FP-user woman].*

However, one IUD user said these were misconceptions.

> *"These are not true, they are rather misconceptions about IUD" [unmarried FP-user woman].*

Another participant emphasized the importance of individual differences on suitability of FP methods and recognized the importance of finding the right method for the individual.

> *"…trying different contraceptive methods and selecting one that suits an individual woman" [unmarried FP-user woman].*

In general, most participants in Addis Ababa have heard rumors about the harms of using FP. These include excessive weight gain, irregular menses, excessive bleeding, and the possibility of permanent infertility.

> *"They say injection makes some women gain weight and others lose weight, pills cause gastritis and skin problems" [30 year-old woman].*

> *"I have heard injection causes irregularity of menses" [25 year-old-woman].*

"Injection is not preferable for women who do not have children as it can cause infertility. My sister couldn't get pregnant until now" [married non-FP-user woman].

Concerning myths and misconception as well as past and present realities about FP methods, what an HEW has to say is worth mentioning here:

"Misconceptions can make people not use or stop using FP services. Nowadays people get information from different sources and know many things about FP. But there are some who still believe and accept myths and misconceptions and also talk about them" [HEW].

4.1.2 ATTITUDES AND PRACTCIES REGARDING FAMILY PLANNING

According to study participants in Addis Ababa, the benefits of having children ranged from the biological desire to replace oneself to anticipated help in old age.

"Even if it is sometimes difficult to raise them, children will help you after they grow up. First they give you more happiness and love than to live alone" [married FP-user woman].

A 30-year-old participant said that leaders of a country emerge from families; therefore, having children also benefits a nation. However, it should be noted that the majority considered the ideal family to be a nuclear family consisting of father, mother, and their children living together. Although grandparents should be supported when needed, most participants agreed they should not be living with the nuclear family. A married man reflected on the diminishing values of extended families cherished in the past, and current realities:

"Our culture was for married couples to live with their parents. In addition, there was a saying 'one should have children while one is still very young' and everybody could have as many children as they wished. But that is becoming increasingly difficult because increasing living expenses have forced people to consider the number of children they can have" [46-year-old man].

Although there was a notion in the past that children are God-given assets and the community favors having many children, this attitude has changed. For most study participants, the number of children should be limited to four for reasons of inadequate income and worries about their children's future. Participants' responses with this regard can be summarized as follows:

"Up to four children is ideal and easy to bring up" [35-year-old single woman].

"I don't want to raise my children the way I was brought up. I want them to attend better schools, have sufficient and nutritious food, and live comfortably. Therefore, I needed to limit my children" [married FP-user woman].

"A family having more children than they could bring up because of lack financial capacity to educate them creates a difficult future for the children; the children become a burden to the country" [single, non-FP-user woman].

"Having fewer children is important for a mother's health and her bodily looks" [25-year-old non-FP-user woman].

"I have six children but that does not mean I believe it is good to have that many. Even those with very good income should not have more than four children" [34-year-old married man].

Accordingly, participants mentioned the importance of FP, although men's and women's thoughts on FP differed. In general, women were said to have a positive attitude toward FP, although there are women who oppose it for religious and other reasons. For example, a participant told the story of her Muslim friend who refused to use contraception and how she came to reconsider her decision.

"Until she gave birth to six children, she was not using FP because her religion would not allow her. But, finally she changed her mind and started using FP" [unmarried FP-user woman].

A community leader echoed the importance of religious affiliation in relation to FP use.

"Muslim friends do not usually use FP because they say it is against their religion."

Some study participants said that married women have more positive attitudes about FP than single women because the former are already responsible for looking after their family.

"Married women have actual experience of FP while single women might just hear second-hand information" [unmarried FP-user woman].

Conversely, although some participants said that they do not see differences in attitudes among women across age groups, others thought attitudes varied among women of different ages.

"Older women may have experiences about having unintended pregnancy and the importance of family planning with that regard, whereas younger women may worry more about acquiring sexually transmitted diseases. Therefore, unwanted pregnancy may be less of a reason to use FP for young women" [married non-FP-user woman].

Other participants said the attitude of women does not vary in terms of age and marital status.

Similarly, differences seem to exist in men's attitudes toward FP. According to study participants, there are men who support FP use by their partners and those who do not. Men's attitudes seem to be affected by a number of factors, such as the desire to have more children and the men's income levels. Those who want to have more children may not approve use of FP by their spouses.

"We have two boys and my husband insists on having a girl. But since I don't want to have another child, I use family planning without his knowledge. Men don't understand the stress of pregnancy and pain during childbirth; all they think is about having the number of children they want to have as long as they are able to provide for them" [married FP-user woman].

Some participants thought that men mostly do not have a favorable attitude toward FP use. Some felt that economic wellbeing impacted men's attitudes while others thought it did not influence them.

"Men do not care about the size of their family especially if they have good incomes" [unmarried FP-user woman].

"Married men don't think about family planning even if they don't have work. If you ask them how they plan to raise their children, they answer 'God knows'" [married non-FP-user woman].

Conversely, others argue that married men have a more favorable attitude than single men.

"Married men are more supportive of FP use because it is their life too" [unmarried FP-user woman].

"Single men have better attitudes than married men because single men fear having unplanned children and marriage" [married FP-user woman].

Regarding age differences, younger men are said to have a more favorable attitude than older men since they don't want to have children.

"Younger men do not want to have a child" [unmarried non-FP-user woman].

However, participants that were community leaders tended to believe the opposite.

> *"Newly wedded couples usually think of having a child and may not use FP, they only think about the rising living costs after having children and decide to use FP" [community leader].*

Study participants appreciate the changing attitudes of people about the use of modern FP over time.

> *"Common attitudes about FP in the community are changing from previous times. This change is brought on with changes in economic situations. In addition, the contribution of the media is also significant."*

Nonetheless, these attitudes affect whether people in communities consider and/or use FP methods. Most emphasized attitudes affect FP-related behaviors and how decisions are being made. For example, some said decisions about FP are made by both the husband and wife, while others think FP is solely a decision for women as some men think it is women's business. At times, women conceal the fact that they're using an FP method from their husbands. As an indication of the diversity of opinions about FP decision making, the following are statements captured from what participants said:

> *"If husbands do not think FP is important, they will not allow their wives to use it."*

> *"Decisions to use FP and what methods to use are decided mutually by husbands and wives" [married non-FP-user woman].*

> *"First the wife will bring the issue up and then both discuss to choose a method they prefer" [30-year-old participant].*

> *"I don't think men should decide. Even if he refuses, the woman will use FP to keep her health" [25-year-old].*

In general, most participants indicated that communities seem to be supportive of women who receive FP services.

> *"People understand that you couldn't have more children than you could bring up, so they will support you if you use FP methods" [single non-FP-user].*

> *"Everyone is using family planning services in our village except elderly people. We have not heard any negative response and this indicates the community accepts use of FP" [married, FP-user woman].*

Finally, participants agreed on the importance of using FP methods for child spacing as well as limiting the number of children. Most of them said everyone should use FP services whenever he/she needs. Some discussants also highlighted the importance of men sharing FP-related responsibilities through use of appropriate methods for them.

> *"I would prefer if there were injectables or other better family planning methods for men to use since they too should share the responsibility" [married FP-user woman].*

4.1.3 BARRIERS THAT HINDER OR INFLUENCE PEOPLE TO ACCESS FP SERVICES

Most study participants in Addis Ababa agreed that family finances is the most important factor leading women to seek FP services.

> *"A low income level is the most common reason of all, because families couldn't cover basic food, clothing, schooling and health care costs for their children" [married FP-user and non-user women].*

On the other hand, among the factors that appear to prevent women from seeking FP services are lack of awareness, myths and misconceptions, religious and traditional practices and beliefs, and husbands' desire to have more children. In relation to husbands' desire for more children, a married non-FP user said,

> *"Women are still under the influence of husbands and culture. In this area, you will see lots of women carrying a year-old child on their backs and pregnant too with a two-year-old child walking by their side. Many of them are fulfilling the desire of their husbands to have many children" [married non-FP user]*

A young woman adds the importance of women's economic dependence on men in decision making.

> *"If my husband were the source of my income for living and he said I couldn't use FP, then I wouldn't use it" [25-year-old single, non-FP-user woman].*

The influence of traditional practices was mentioned as another impeding factor for women not use FP. An example that emerged was 'Amechisa,'[2] which prevents women from using post-delivery FP services. A health worker mentioned the influence of "*the distance of FP services/ health center as a possible factor in some cases."* On the other hand, friends, relatives, and other family members as well as women in the community who are using one of the FP methods were mentioned by most study participants as people who may influence them to use FP services.

Participants suggested approaches to overcome these hurdles to FP use.

> *"Work with Health Extension Workers and create opportunities to discuss with husbands" [married FP-user and non-user women].*
>
> *"Education and behavioral change" [HEW].*
>
> *"Promoting FP at different community levels using strategies such as the coffee ceremony, forum drama, brochures distribution, and radio spots. In addition, it is important to work closely with locally prominent persons, religious leaders, and men" [married man].*

Community leaders said that grassroots-level institutions like 'idirs' can play a big role since they have access to a large number of community members; using the media and dramas, awareness efforts can reach the wider community.

4.1.4 FAMILY PLANNING SERVICES IN PUBLIC AND PRIVATE SECTORS

Almost all of the participants agreed that most women's primary preferred venue for FP and pregnancy-related services is public health centers. The reason mentioned for this was the financial costs of the services. Easy access and availability of a wide range of FP service options were also stated.

> *"Because it is free of charge and services are of good quality. But, what I don't like is the long waiting time in the health center. The private sector charges for the services so we don't go there. Affordability is the single most important influencing factor on where women go for FP services" [married couple].*
>
> *"Most FP options are available at the health center so people usually prefer to go to the public sector than to the private" [HEW].*

[2] Amechisa is a traditional practice observed in some regions of the country. It prevents women from different social and cultural engagements after giving birth and before the child is blessed in a ceremony.

"In private health facilities some FP supplies are not as readily available as in public facilities" [community leader].

Others added the quality of services they receive in public facilities as important to their choice.

"Health center staff are dedicated and provide quality counseling services. But, in the private sector, limited time is spent with clients at a high cost" [married man].

Another reason that participants identified for going to public health facilities for FP services was that some women do not know whether FP services are provided in the private health facilities.

"Quality of care is similar in both the private and public health facilities. Some women do not know FP services are provided in private health facilitates. They think that FP services are available only in the public health facilities" [community leader].

In addition, perceptions associated with certain facilities may also have a bearing on where women seek FP. For example, some people outside some FP facilities falsely claim they can facilitate certain FP procedures such as abortion, presenting themselves as agents approved by those institutions and charging FP users for their services. In the process, they ask everyone who comes near those institutions if they are seeking an abortion, thereby annoying FP users.

"When you go to Marie Stops clinic, or you happen to pass by, there are agents who ask you if you are looking for an abortion. Even if you went for a different reason, people may think you went for an abortion. Therefore, women fearing gossip and stigmatizing rumors avoid such facilities" [community leader]

Finally, to motivate women to go to private providers, participants find it important for the private sector to consider reducing its service costs and providing information on types of services available in the private health facilities. The following quotes capture what the majority of participants suggested for enhancing the use of private providers for FP services:

"Private sector FP services should be promoted using the media. In addition, reduction in service charges for FP should be considered" [married man].

"Information on service costs and types of available FP methods in the private providers would be useful for family planning users" [married FP-user woman].

4.1.5 SOURCES OF FP INFORMATION

Study participants in Addis Ababa mentioned HEWs, health centers and health professionals, media such as television and radio, one-to-five kebele organizations and peer-to-peer learning, coffee ceremonies, friends, and neighbors as sources for information about FP. In addition, from these sources, they heard information on FP methods and side effects and how to use the methods. HEWs also provide FP information to their clients.

"We give information on FP methods, their benefits and side effects, and also teach men about supportive decision making on FP" [HEW]

Participants also identified specific communication channels as more effective for FP communication that others.

"Coffee ceremony programs, radio and television, and peer education are effective channels and are suitable because of their easy access, attractiveness to users, and being easily understandable" [married man]

Most study participants, both FP users and non-users, agreed with this.

Most participants emphasized the absence of any form of male-specific FP services to the extent that some people have doubts on some issues related to condom use. However, male participants said, they use condoms and coitus interruptus to prevent pregnancies. In this regard, it appears men have doubts about the protective nature of condoms.

> *"Even the protective nature of the condom itself has met some arguments among the male community in this area" [married men].*

In addition, men said partners may disapprove of condoms.

> *"If you bring condoms home, partners think you're unfaithful as well as say you're teaching children undesirable behaviors" [married man].*

It seems men are away for various reasons and so have not attended educational sessions like their female partners.

> *"The problem is men always spend the day working far from their homes and we can't access them for education. But, if we have the opportunity, we teach both men and women together. Mostly, if men learn they will be supportive of FP" [HEW].*

Finally, in relation to activities promoting FP, participants mentioned the importance of a variety of channels.

> *"Coffee ceremonies, forum dramas, and brochures, and engaging influential community members such as religious and community leaders to communicate family planning in the community" [married man].*

> *"Strengthening FP education of the community by HEWs is very important" [unmarried, non-FP-user woman].*

Participants also mentioned other activities to promote FP services such as media advocacy, school, and community education as very effective methods.

4.2 AMBO TOWN

4.2.1 KNOWLEDGE ABOUT FAMILY PLANNING

The most popular FP method in Ambo town appears to be injectables followed by oral contraceptive pills. The major reasons for the popularity of injectables are ease of use, perceived fewer health consequences, and long acting protection.

> *"Injectables are preferred because they are easy to use and do not cause health problems" [married couple].*

> *"the loop is not preferred by most women as it has to be inserted into body. Pills cause heartburn and need to be taken every day" [married non-FP-user woman].*

> *"They can be used from three months up to five years. There is no worry of missing a dose like that of pills" [married man].*

> *"Pills, especially emergency contraceptive pills and male condoms, are the most popular methods sought from private pharmacies by young clients because they are available at any time of day or night unlike injectables or IUCD [intrauterine contraceptive device], which need clinical set-up" [male, private pharmacist].*

However, the common use of injectables may be due to lack of information on other methods.

> *"Most people in this community prefer injection and pills because they don't know about the other methods" [20-year-old single married non-FP-user woman].*

Indeed, the least popular method according to almost all participants is IUCDs, primarily because women fear inserting a foreign object into their uterus in addition to misconceptions.

> *"Women are afraid of IUCDs being inserted into their bodies. In addition, during sexual intercourse, it may disappear" [20-year old married non-FP-user woman].*

> *"Reasons for low preference for IUCDs are misconceptions that it causes pain during sexual intercourse, increases menstrual bleeding, and makes it difficult to lift heavy materials (fear of expulsion)" [married woman].*

On the other hand, for married men the least popular methods were the permanent method.

> *"Because it is not possible to reverse it if for any reason you want to have more children, using a permanent FP methods is not good" [married man].*

Many participants mentioned knowledge of the different FP methods and have also heard misconceptions and rumors about them.

> *"I know FP methods like the loop, implant, pill, and Depo. There are different rumors about these methods. I heard Depo causes irregularity of menstruation and the pill causes heartburn" [22-year-old woman].*

> *"Depo can make you unable to get pregnant when you want to. Implants cause pain during hard work and IUCDs cause excessive bleeding" [22-year-old woman].*

> *"IUDs cause permanent infertility" [married FP-user woman].*

> *"Pills cause thinning of the vaginal wall if used for long time." [married FP-user woman]*

Most married men who participated in the study in Ambo town have also heard about the different FP methods and rumors surrounding them.

> *"…different FP methods: pills, condoms, injectables, IUCDs, implants, and permanent methods. There are rumors in the community that the pill will cause excessive bleeding, condoms will cause reduced sensation, Depo delays pregnancy, and IUCD causes discomfort" [married men].*

4.2.2 ATTITUDES AND PRACTICES REGARDING FAMILY PLANNING

Participants discussed the benefits of having children including children as old-age security for their parents, continuation of generations, as successors and inheritors of families' wealth, and as peacemakers, in particular in reconciling disputes between their parents. They mentioned having children will make you more responsible and when you get old your child will take care of you. The following quotations summarize participants' responses:

> *"Any Ethiopian would love to have children; when you get old, it is your children who take care of you. If the economy were better, it would have been nice to have as many children as possible" [married couple].*

Participants in Ambo town had different opinions on what constitutes the ideal family. For the majority of married non-FP-user women and interviewed couples, the extended family seems to be their ideal. Single non-FP-user women and married men prefer a nuclear family. Supporters and critics of the

different views about family size have their own arguments. A married non-FP-user woman, smiling and looking for support from other participants, said,

> *"An ideal family for me is where husband, wife, and children live with grandparents. I like a compound full of family members living together loving and caring for each other . . . when we see such a huge family living together, don't we always say what an amazing family they are" [married non-FP-user woman].*

Many other participants nodded in agreement. For other participants, the ideal family is the husband and wife living with their children. Supporters of this nuclear family point out that living in extended family may be a cause for disharmony in marriage.

> *"Living together with grandparents and other relatives is good but other family members' interference in marriage is not good" [23-year old single, non-FP-user woman].*

The majority of participants from Ambo town expressed that the ideal number of children that a family should have is two. According to the study participants, current economic realities and the ever-increasing cost of living appears to be the major factor limiting the number of children; the fewer the children in a family, the better will be their upbringing.

> *"A family who has two children is good and it is ideal. Children need to get good food, wear good clothes, go to school, and get health care, all of which may not be affordable when the number of children is many" [35-year-old married non-FP-user woman].*

A few participants even suggested having one child may be enough.

> *"If the family income is good, it is maybe good to have two children but if the family income is very low, one child could be ideal" [18-year-old married woman].*

Study participants in Ambo consistently agreed that women in communities think FP is beneficial for birth spacing and limiting the number of children they may have.

> *"Women in our community understand that using FP is beneficial for them and their family and they are working with HEWs to make sure everyone uses FP" [married woman].*

From the discussion, it seemed that married women are more open to discussing FP with health workers than are single women.

> *"Single women may not want to talk about FP because they don't want to be labeled as contraceptive users" [20-year-old participant].*

Study participants have different perceptions about the attitudes that men in their communities have toward FP use. In general, they said that men know about the availability and benefits of FP. The majority said many men support women using FP. The study participants explained that educated men are more supportive of FP use than non-educated men.

> *"Usually educated men have a positive attitude toward contraceptive use" [married FP-user woman].*

The majority of the participants agreed that men who know about FP methods and their benefits support their spouse's use of FP.

> *"Men who know the benefit and use of modern FP think it is good to use FP" [married woman].*

However, it was stated that some men who do not support FP use relate the practice to infidelity in their relationship.

"Some men relate contraceptive use with a woman's infidelity. A woman's FP use may sometimes be a cause for disagreement between couples to the extent of physical violence to the woman" [married FP-user woman].

With regard to differences in attitude toward FP by marital status of men, married men are more supportive of FP than their single counterparts. The reason stated by the majority of study participants was that married men are responsible for their spouses and family.

"Older and married men think it is good to use FP because they feel more responsibility than single and younger men" [married woman].

For some study participants, age differences among men also play a role in attitudes about FP. For example, married women said younger men are not in favor of using FP. Others think married and older men are against FP use. As a 30-year-old married FP-user woman put it, the reasons may relate to knowledge and the desire to have more children:

"Some married and older men refuse their wives using family planning because they want more children" [30-year-old married FP-user woman].

Study participants also stated that some men do not even want to be approached by HEWs for FP education.

"When health extension workers try to contact them to teach them about FP so that they agree to their wives using FP methods, some men are not willing at all" [married FP-user woman].

On the other hand, the majority of study participants (both men and women) said that the community is generally supportive of FP use. This support, according to the participants, arises from understanding about the benefits of FP by the community.

"Now the community knows about the importance of FP method and they are supportive of people who use FP" [married woman].

"If a woman appeared to have children without spacing, some community members would advise her to go to health care facility and get an FP method" [married FP-user woman].

Regarding decision making about FP use, study participants in Ambo town had different views. Many said that the decision is made by both the husband and wife.

"The decision is made by discussion and mutual agreement between the partners, especially educated families make decisions this way" [married FP-user woman].

"Many husbands play equal role as women in deciding FP use, except few husbands who do not even care about using FP and leave the decision for their spouses" single non-FP-user woman].

The majority of male participants agreed with this later assertion. Conversely, some discussants support the view that the decision is made solely by the woman regardless of the agreement of the husband while for some others, the decision rests with the husband.

"In some families, males are making the decision to use or not to use family planning" [married FP-user woman].

Finally, almost all study participants agreed on the importance of FP in limiting the number of children and spacing births.

"It very important to limit the number of children we have" [married man].

In addition, most stressed that all sexually active people should use FP:

"All community members of reproductive age group should use FP" [married FP-user woman].

"[Even single women should use it] to prevent pregnancy before marriage; a child which would otherwise be very difficult to bring up and which would result in the girl being discriminated against by her own family and the community" [25-year-old married FP-user woman].

Participants expressed that using FP is important to the future of the country and a generation.

"If there was no FP, it will be dangerous for the country's development; it creates lots of jobless and uneducated people" [22-year-old married FP-user woman].

4.2.3 BARRIERS THAT HINDER OR INFLUENCE PEOPLE TO ACCESS FP SERVICES

For the study participants in Ambo town, the reasons why women seek FP services include financial difficulties associated with having more children, complete desired family size, not being in a relationship, and the experience of other women who use FP.

"The reasons why many women use one or the other FP method are to prevent unintended pregnancy, to space child birth, and to limit number of children" [married FP-user woman].

However, for the majority of participants, the main reason for women to seek FP is economic.

"One's economic situation is the most common reason to use FP in order to limit the number of children. Because a woman cannot raise many children properly if her economic status is low" [married FP-user woman].

Similarly, prevention of further pregnancies appears to be an important motivating factor for seeking FP. This could be as a result of seeing other women who have benefitted from using FP services. In addition, information and awareness about FP is also important.

"The benefits other women gained by preventing further pregnancies and limiting their family's size using FP services would motivate many others to start using FP" [married FP-user woman].

Lack of awareness about FP, traditional values, religion, and husbands can prevent women from seeking FP services. A list of factors identified by married FP-user women summarizes what the majority of participants said separately:

"Lack of awareness and concerns over side effects of contraceptives, misconceptions and myths, and religious doctrine stating 'multiply and fill earth' are barriers. In addition, adolescents fear discussing contraception with their partners, and the partners refusing to use a contraceptive. And, although changing nowadays, in our culture a child is considered a blessing; comparing the number of children with neighbors creates competition for more children" [married FP-user women].

One HEW considers accessibility and availability services as a barrier.

"If women coming to a facility do not get services, they might not come back again and end up pregnant. In addition, women need to know where and when to get FP services without difficulty" [HEW].

Finally, in order for more women to use FP services, the majority of participants named education and awareness for various members of a community as a solution.

"A religious leader teaching about FP, eligible people, and known side effects is very important. In addition, educating men to encourage them to participate in decision making and supporting their wives is also important" [unmarried non-FP-user woman].

"Working to get rid of misconceptions about FP in the community as a whole is very important" [single FP-user woman].

"Both husband and wife need to be educated about methods, benefits, and side effects" [married woman].

"In order to bring about change, educational strategies should use various mechanisms focusing on kebele and 'idir' meetings and on men" [married woman].

4.2.4 FAMILY PLANNING SERVICES IN PUBLIC AND PRIVATE SECTORS

Women go to various providers, including those in the private sector, for FP services.

"…health centers, hospitals, private clinics and pharmacies as well as Marie Stopes clinic and family guidance association. However, most prefer to go to public institutions" [married FP-user woman].

The reason for such a preference is that public sector FP services are free-of-charge and of high quality and women trust public providers.

"Health centers provide services free of charge. Besides, quality of services and counseling at health centers is provided by professionals we trust and can depend on. In addition, during delivery and child immunization sessions in public institutions, women receive counseling to FP use" [married FP-user woman].

For some participants, the availability of free services in public health centers outweighs the distance that some women have to travel to reach the centers.

"The reason women prefer health centers even if located far from their houses is to get free FP services. Otherwise, private clinics are everywhere" [25-year-old woman].

Some participants also discussed the benefits of the short waiting times in the private sector.

"If it were not for the cost of services, women would prefer the private sector as waiting time there is short" [48-year-old married man].

"The benefits of seeking FP services in the private sector is the short waiting time" [HEW].

However, despite these shorter waiting times, participants mentioned that the time that private providers spend with their clients can be limited.

"The time professionals in private clinics spend counseling their clients is inadequate" [single FP-user woman].

Finally, in order to motivate people to use FP services in private clinics provide, the majority of study participants indicated the importance of affordable and standard FP services and information on FP methods.

"Private clinics should provide standard counseling similar to public facilities and minimize the cost of services taking into account communities' income levels. In addition, authorities need to closely monitor private providers regarding the quality of their services. For people to use private clinics for information about available FP services and their costs as well as location of institutions are important" [Married Woman]

"If my clients could afford it, I would motivate them to use FP services in private clinics as it saves their time. But, also warn them about payment for services" [HEW].

4.2.5 SOURCES OF FP INFORMATION

The sources of FP information for participants in Ambo town include HEWs, health centers, family members, neighbors, and the media (television and radio). Most study participants stated that they got information about FP from health professionals.

> *"…benefits of FP use for child spacing and limiting the number of children, consequences of having many children, different methods available, how to use and where to obtain, benefits and side effects of each method, duration of pregnancy prevention" [married FP-user woman].*

In regard to credibility of information sources, the majority of participants again named health professionals.

> *"Communities trust information health professionals give them, especially when they repeat information people see or hear in the media" [community leader].*

> *"HEWs are trusted sources of health information. Although communities trust information from TV and radio, they prefer if health professionals confirm that knowledge for them" [HEW].*

Regarding effective communication strategies, although some study participants called education on radio and television effective, the greatest number of participants named peer-to-peer education at the community level and discussions with health professionals as most effective.

> *"Effective communication channels in the community include education using dramas at the kebele level and education that HEWs provide when they do house-to-house visits" [married FP-user woman].*

> *"Community announcements and peer-to- peer education are the most effective channels in this community" [HEW].*

The effectiveness of this peer-to-peer strategy rests in its ease of presentation and face-to-face discussion with health workers.

> *"Their teaching is understandable and there are discussions on questions people ask with health professionals" [married non-FP-user woman].*

Effectiveness may also be based on communities' familiarity with educators, which may cement trust between educators and the community.

> *"Peer-to-peer education is more effective because we know the HEWs because they are from the same community as we are and we trust each other" [single non-FP-user woman].*

In regard to the availability of FP services designed specifically for men, although a few study participants mentioned availability of information about condom use, the majority reported lack of such information.

> *"The only information available for men is on condom use. Otherwise, no structured education programs related to FP specifically for men exists" [married FP-user woman].*

However, community leaders said there is some educating of young men at school.

> *"There is no FP-related information for men except for knowledge young men get from health education HEWs provide in schools and from the school media" [community leader].*

Accordingly, most emphasized the importance of male education.

> *"It is good to teach men on each method just like the women."*

For most of the study participants in Ambo town, activities promoting FP include activities by HEWs and health professionals as well as the media.

> *"There are advocacy activities in the media, using leaflets and flyers. In addition, HEWs and health professionals tell people in communities about the importance of FP services and these are effective techniques and accepted by the community" [married woman].*

One HEW also mentioned the effectiveness of activities by organizations promoting FP.

> *"There are promotion activities done by different organizations including coffee ceremonies and community discussions and school and workplace education made effective by the participation of health professionals" [HEW].*

Finally, study participants in Ambo town suggested activities that could improve the effectiveness of FP promotion in the future. The majority of married women said efforts should involve men as they too are responsible.

> *"As the consequence of not using FP affects men and women, FP-related awareness and education should involve men" [married FP-user woman].*

In general, in order for FP promotion activities to be effective participants expressed that all stakeholders including communities should participate. Most community-level participants agreed that NGOs should be involved.

> *"In addition, to strengthening existing actives, it would be effective if non-governmental organizations also [worked] on improving communities' awareness about FP" [married man].*

> *"Promoting NGOs' and private sector involvement in FP service provision, training, and making use of agricultural development agents, increasing the number of urban HEWs, and providing FP training for health workers in public and private facilities is very important" [FP focal person].*

4.3 ADAMA TOWN

4.3.1 KNOWLEDGE ABOUT FAMILY PLANNING

Almost all of the study participants in Adama town said the best way for families to have the number of children they desire is to use modern FP methods. The majority of participants were knowledgeable about modern FP methods: IUDs, injectables, implants, emergency contraceptive pills, the calendar method, and male condoms. Almost all participants said the most popular method is injectables. The reason, as one man put it, relates to the method's prolonged and reliable protection from pregnancy.

> *"In my community most women use injectables. For example, my wife uses it, because she does not have to worry about taking it daily and it is reliable in preventing pregnancy" [31-year-old married man].*

Conversely, study participants differed in their views about the least popular FP method. The majority of women (single and married, FP-user and non-user) find implants unpopular. They dislike the insertion and discomfort after insertion.

> *"The least used method by women in this community is implants. First, insertion is difficult. In addition, it is painful and has discomfort during conducting daily work."*

Single non-FP user women considered oral contraceptives as unpopular.

> *"Pills are less popular since it's easy to forget to take them daily" [single non-FP-user woman].*

For the majority of male study participants in Adama town, male condoms ranked as the least popular method. They gave reduced sexual pleasure and issues of unfaithfulness in marriage as primary reasons.

> *"If you bring condoms home, your wife will ask you where you heard about 'this thing.' In addition, they will accuse you of leading the children toward undesirable behaviors and you may lose your wife's trust" [31-year-old married man].*

> *"Most believe is that a condom reduces sexual satisfaction" [50-year-old married man].*

On this point, health professionals and community leaders said the following about myths and misconceptions about FP methods in Adama town:

> *"People say IUDs could damage the uterus and cause conception outside of the uterus. Implants result in weakness of the hands. These misconceptions are mostly observed among women working as daily laborers, middle-aged and married women who have children" [maternal and child health officer].*

> *"Injectables could cause infertility. In addition, inserting implants is painful, and they are associated with weight loss, may disappear in womb, and could cause bleeding as well as cancer." [private provider, pharmacist].*

4.3.2 ATTITUDES AND PRACTCIES REGARDING FAMILY PLANNING

Most of the study participants in Adama town believe that the ideal family involves a husband and wife living together with their children. They also considered another dimension to the ideal family scenario: capability to lead a healthy life, capability to educate children, and efficiency in leading the family based on one's income levels.

> *"Maintaining a healthy family, sending children to school, serving as model for neighbors, is the model family" [32-year-old man].*

Concerning the benefits of children, the majority of study participants said children are sources of happiness, love, and hope, and they guarantee security of marriage.

> *"Children are beautiful like flowers. After work I rush home to be with my children and I am very happy. A marriage that fails to produce children will break up" [32-year-old married man].*

Some participants mentioned that some communities and families do not approve of having few children.

> *"My parents always ask me the reason I am not having another child. I don't accept their push for another child because I know my economic capacity" [FP-user woman].*

However, almost all other study participants agreed on the number of children a family should have under ideal circumstances as fewer than five.

> *"Two to four children are the ideal number within a family. I have only one daughter, because I can't afford more" [married woman].*

One married male participant stated that the number of children is related to income levels, as those with high income have many children and vice versa.

> *"We don't have to limit the number of children two, three, or four. It is one's income level that should decide number of children one should have; if people have good income they can have any number of children they want. But at a minimum, a family is expected to have at least two children" [26-year-old man].*

One married non-FP user woman expressed her opinion against the idea of limiting the number of children.

> *"Once children are born, God will take care of everything" [married non-FP-user woman].*

The majority of study participants named negative aspects of having too many children. They include an adverse effect on the household budget and future plans of both individual family members and the family as a whole. What one man said reflected the view of the majority of participants:

> *"Children need good food, clothes, and education. If one has many children and cannot provide these necessities, the children will suffer and the family's social life could be negatively affected" [32-year-old married man].*

In addition, several participants explained how women shoulder the burden of having more children and often times the quality of care they can give their children declines.

> *"The difference is visible. During my first pregnancy, everything was fine and I was strong. On the second and third pregnancies, the load became unbearable. My husband started to spend less and less time with our children, and I had to take on all responsibilities; the pressure is on mothers" [FP-user woman].*

> *"Caring for children declines from the first child to the next. I am the sixth child in my family and know how difficult it is to raise many children" [married woman].*

Participants also explained that too many children also can cause disharmony in the family and marriage, causing disputes among parents.

Almost all participants in Adama town agreed on the importance of FP in preventing pregnancies as well as in child spacing. They also said communities in Adama are supportive of FP users. Regarding FP attitudes, most respondents said married women have more favorable attitudes than their single counterparts. However, some single and non-FP-user women said single women use FP services more than their married women as they are frightened by the prospect of having unplanned children.

> *"Single women use family services more than married women. I was shocked to find condoms in my daughter's friend's bag. I asked her why and she replied, she cannot be sure of what she could encounter and that she carried them for protection" [married woman].*

Study participants said men in Adama town have positive attitudes toward FP. In this connection, most said men insist that women use contraception, especially after having a certain number of children.

> *"Mostly after having two children, husbands insist on using family planning services" [married FP-user woman].*

Almost all participants said single and younger men have more favorable attitudes toward using FP than do older and married men; the main reason being that single men want to prevent their partner's getting pregnant before marriage and of subsequent unplanned marriage.

> *"Single men are better than married on family planning, because they fear having children before marriage and unplanned marriage" [married FP-user woman].*

> *"I sometimes see young men bring their partners to use family planning services at my workplace" [married non-FP-user woman].*

> *"The young generation is aware of their future and thus think more positively of family planning use than older men do."*

However, when it comes to attitudes toward FP methods and their use, the male study participants were supportive; their reasons for preventing more children tend to be economic rather than a result of education and awareness creation efforts.

> *"Mostly family planning education efforts are focused on women. Men do not have knowledge on family planning services. Organizers of FP training do not consider the involvement of men in trainings" [50-year-old married man].*

The decision to use FP rests with women, though men could play a vital supportive role in the decision making.

> *"The idea of using family planning comes from my side. Before we were married, we discussed and decided to use family planning services, and that is why I use injectables today" [married woman].*

In contrast, some study participants viewed women as the sole decision maker on FP.

> *"Women know the burdens of pregnancy and childbirth. They take the main role of deciding family planning and other family management issues. We support them to use family planning services" [40-year-old married man].*

According to a married woman, this could be because women shoulder the burden of unwanted pregnancies and pain associated with childbirth.

> *"I am the decision maker on FP issues. I know how I suffer in pregnancy and during childbirth; I decide whether to use family planning services or not" [FP-user woman].*

Most study participants in Adama pointed out the importance of FP services as benefitting mother, child, and the whole family. In light of the increasing costs of living, the majority said all eligible people, married and single men and women, should use FP.

> *"Family planning benefits not only children but also mothers" [single FP-user woman].*

Despite this universal agreement on the benefits of FP, utilization might be another issue.

> *"Most of us accept the importance but actualization has its own question. All married and single men and women should use family planning" [50-year-old married man].*

Finally, a statement from one married female participant highlights the importance of men using FP methods and in sharing responsibilities:

> *"Men should also be using FP methods to share the burden women carry. But, there are no FP options such as pills for them to use. The only method available is to use condoms and most married women including myself dislike using condoms" [married woman].*

4.3.3 BARRIERS THAT HINDER OR INFLUENCE PEOPLE TO ACCESS FP SERVICES

Study participants identified as factors that could prevent women from seeking FP services a lack of awareness of FP, religious and cultural influences, myths and misconceptions, and negative attitudes of husbands.

> *"Communities view family planning from cultural and religious perspectives. They believe children are God's creation and He can take care of all their needs" [50-year-old married man].*

Another reason is rumors about perceived side effects of FP methods.

"Some FP users spread rumors about side effects of FP methods based on perceptions; inaccurate information also prevents women from seeking FP services" [non-FP-user single woman].

Some participants also mentioned that efforts by some organizations working on FP do not achieve their goal of instilling awareness in communities.

"Organizations working on family planning are not doing enough to enhance FP knowledge in the community. Activities like coffee ceremonies could be improved in such a way they can impart necessary knowledge in communities" [31-year-old married participant].

One community leader speculated that how women are received and served by professionals in health facilities matters.

"Attitudes of professionals and the way they treatment women health facilities may be another barrier; particularly services in public facilities are not appealing to women [community leader].

Most participants also mentioned reasons motivating women to seek FP services. Women not needing another child and economic difficulties in raising additional children were mentioned.

"Having too many children and not wanting more children, need for birth spacing, as well as current economic situations are reasons for women in this town to seek FP services. There also are women who are not in a relationship such as students, domestic workers, and sex workers who are seeking FP" [FP focal person from Adama Woreda Health Office].

Regarding influences on FP use, most study participants said their friends and family members were their inspirations to begin using FP.

"…mostly friends influence women to seek family planning" [married FP-user woman].

"Women seek FP because they saw a friend or a neighbor using service" [male FP provider].

In order to curb barriers to FP service use, the majority of study participants from Adama town said it is important to strengthen working relationships with health professionals and discuss FP with husbands.

"Working with health professionals, HEWs, and creating opportunities for discussions with husbands is important" [married woman].

In addition, most participants indicated their confidence that through education and awareness efforts communities' behavior could be changed.

"If individuals are well informed about family planning services, behavioral change will occur within short period of time" [married FP-user woman].

Educational activities should use various strategies that many participants believe can be successful at promoting FP services at different community levels.

"…urban-based health education, coffee ceremonies, forum dramas, flyers, radio programs. In addition, it is important to work with religious and clan leaders as well as married and single men in communities" [married man].

One 36-year-old married man said health workers should focus on working with religious leaders, "an opportunity family planning service providers failed to take advantage of." Similarly, one community leader stressed the importance of improving services in health facilities, ensuring caring and attentive service, and using other venues such as social gatherings to pass FP messages.

"Health workers should make use of social gatherings and meetings as opportunities to get FP messages out there. In addition, the way health professionals in health facilities handle clients needs to be improved" [community leader].

Finally, the importance of men's participation in FP was also stressed by the men themselves.

"For a long time, family planning service providers focused on educating women only. It must be recognized that without men's involvement it is difficult to bring about change in use of family planning as well as other health-related services in a short time" [50-year-old married man].

"It's better to provide men with appropriate FP education to help improve their decision-making capabilities related to FP services" [26-year-old married man].

4.3.4 FAMILY PLANNING SERVICES IN PUBLIC AND PRIVATE SECTORS

Many study participants in Adama town said women go to public health facilities, hospitals, health centers, and other FP providers for FP services. Almost all participants agreed that women prefer public institutions for their FP needs, basing this choice on knowledge of treatment and availability of services. Other reasons are related to women visiting public facilities for services other than FP. Moreover, the quality of services provided in government institutions appeals to women.

"Women visiting public facilities for services including pregnancy follow-up visits receive advice to come back for FP services. In addition, the quality of counseling sessions and services women receive are reasons women like to be served in public institutions" [married woman].

A FP focal person said the fact that services are free of charge in the government sector also is an important factor.

"Public facilities do not charge for their service and this could be an important factor in attracting women to go there" [FP focal person].

In addition, participants stated that health workers in public facilities provide FP and other health-related education to clients before services begin, maintain their clients' privacy, and hold to a standard of facility cleanliness that clients like. A married woman said *"public health centers provide complete services"* and emphasized the importance of all-inclusive services.

"They educate clients about every FP method. In addition, health workers provide good services, keep the privacies of their clients, and facilities are also clean" [married couple].

The only barrier that participants mentioned may prevent women from seeking services in government institutions is long waiting times.

"Long waiting times are what women dislike about services in public institutions" [married non-FP-user woman].

Some participants said women may prefer to go to other FP providers such as the FGAE.

"I go to 'Beteseb Memriya' [FGAE] for family planning; the facility provides quality services and is clean. I don't want to go to another facility because I'm very familiar with the services there" [married woman].

Most study participants said that women in Adama town do not like to use private providers for FP mainly due to the associated service charges.

"Service cost is a reason why women do not prefer using private clinics" [married man].

In addition, participants mentioned that private clinics may not provide all FP services that public institutions do. Profit-making private facilities may offer a smaller range of services and add irrelevant laboratory examinations.

> *"You can't get adequate counseling on FP methods in private clinics. In addition, in order to charge extra, unrelated examinations are ordered" [single FP-user woman].*

> *"Private clinics do not provide FP-related education to their clients" [36-year-old married man].*

Participants explained that the benefits of using FP services at private facilities may relate to the distance clients have to travel; private clinics often save clients' travel time. They also ease the service burden on public institutions. A focal person said the following in relation to benefits and drawbacks of seeking FP services in private clinics:

> *"The difficulty associated with seeking FP service in the public institutions, as there are overwhelming numbers of clients, is the long waiting time. Short waiting times and distance are the benefits of seeking services at private clinics. The major barrier for private facilities is service cost. Although the quality of services provided in public and private is comparable, providing free services creates a heavy burden on the public facilities" [FP focal person].*

Finally, most participants agreed on the importance of providing information on cost and service availability in order to motivate women use the private sector.

> *"In order to provide women alternatives for FP services, information about services in the private institutions is important. In addition, costs of service in private clinics should also be made affordable to the larger community" [community leader].*

4.3.5 SOURCES OF FP INFORMATION

The majority of study participants heard information about FP from sources including the media (radio and television), health centers and professionals, HEWs, the FGAE, friends and family members, neighbors, and other people using FP methods. In a unique occurrence, a father was a source of FP information for his daughter.

> *"I heard of family planning services the first time from my father. He told us the benefits, side effects, and related issues about family planning" [married non-FP-user woman].*

Regarding trusted sources of information, personal experiences with undesirable effects of FP methods may make people lose trust in sources of information.

> *"I don't have a trusted source of information. When I first began using injectables, they told me it was suitable for me. But in the end, I became very ill. As far as I'm concerned, it is very difficult to get reliable sources of FP information" [married FP-user woman].*

Most study participants said their trusted sources are public health care providers.

> *"We get trusted information on health from health extension workers and health centers" [married man].*

In addition, participants explained that HEWs provide FP and other health-related information during their house-to-house visits.

> *"HEWs go around homes in the community providing information on health-related issues such as personal hygiene and environmental sanitation" [community leader].*

For other participants, public institutions and media were stated as trusted sources.

"Public health centers and the media are trusted sources of information" [31-year-old married man].

Other participants stated that specific media programs as reliable sources.

"A health talk show on Ethiopian television called 'Tenachen,'[3] which transmits live questions and answers and discussions with health professionals, is a reliable health information source in our area" [married man].

"There is a program on Ethiopian television on Saturdays where doctors discuss health issues with viewers. This program is famous among communities here in providing information about health including FP" [FP focal person].

One participant mentioned receiving mobile phone text messages, but doubts whether people could understand the messages as they're written in a foreign language, and in any case, some people are unable to read.

"I have received SMS messages concerning the health of mothers and children on my phone. But, even though almost everyone owns mobile phones nowadays, I doubt if people could understand if there are some who could not read" [married woman].

In general, participants had heard information about FP services, methods, where to access them, and known side effects of some methods from these sources. Most agreed there is a lack of FP information specifically designed for men. Accordingly, some men do not know about the range of FP methods.

"I don't know anything other than condoms" [36-year-old married man].

Finally, most FGD and IDI participants suggested activities that could promote FP service use, such as the use of different social gatherings and existing community social mobilization structures.

"In order to change behavior of the community, dramas and writings about FP should reach the community using social gatherings such as 'idirs' and 'baltinas'[4] in schools and workplaces. Doctors should give the education because they are trusted in the community" [community leaders].

"Social mobilization activities, working with unreserved population groups, and the development group 'Yelemat Serawit'[5] are the major communication channels to effectively promote family planning in the community" [married man].

Generally, participants expressed that they thought issues surrounding FP must be shared by all concerned:

"The roles and responsibilities of family planning education should not be left for health institutions alone. All stakeholders, education office, schools, religious leaders, parents, men and women in communities should be involved" [married man].

[3] 'Our Health.'
[4] Small and medium enterprises where women prepare and sell traditional food ingredients and spices.
[5] Development Army, also known as the Women's Development Army.

4.4 BAHIR DAR

4.4.1 KNOWLEDGE ABOUT FAMILY PLANNING

The majority of study participants in Bahir Dar agreed that using modern FP methods properly is the best way to limit the number of children families want to have.

> *"FP is the best way to prevent pregnancy. If used appropriately, contraceptives have 90 percent effectiveness in preventing pregnancy" [married woman].*

The majority of participants could identify different FP methods and their duration of protection from pregnancy. Married and single FP-user and non-user female participants mentioned pills, injectables, implants for three years, IUDs for 10 years, condoms, pills for short-term use, emergency contraceptives to be used within 72 hours of unprotected sex, calendar and permanent methods. Participants were also aware of the ability of condoms to both protect against pregnancy and against STIs including HIV/AIDS. As disadvantages of FP, they mentioned implants and IUDs could cause infertility.

The majority of participants stated that injectables are the most popular FP method generally because it is long lasting, among other reasons.

> *"Injectables have no risk of pregnancy, easy to take every three months, and no risk of being forgotten" [married FP user woman].*

Meanwhile, the least popular of FP methods among study participants are IUDs. Participants explained that they are uncomfortable, require daily checking, and may cause infertility; women do not want a foreign body to be inserted into their bodies; and religious values prevent women's bodies being seen by health professionals during insertion.

> *"IUDs are not safe for health and are uncomfortable during sexual intercourse. In addition, in the Muslim religion, women are not allowed to show their bodies other than to their husbands [married man].*

> *"I tried an IUD, but after a week I had it removed because of the unpleasant experience of checking it every time I clean myself" [married FP-user women].*

> *"During sexual intercourse the penis touches the IUD and this causes discomfort for both partners. The man may think of the IUD and the woman whether the IUD stays in place, resulting in less enjoyable sexual intercourse" [married man].*

Finally, most study participants in Bahir Dar mentioned rumors they had heard about different FP methods.

> *"Pills could cause brown patches on women's faces, injectables could result in infertility and weight gain. On the other hand, implants could cause weakness of the hands, make women irritable, and result in mental depression and infertility. In addition, vasectomy could cause inability to reach sexual climax for men" [married men].*

4.4.2 ATTITUDES AND PRACTCIES REGARDING FAMILY PLANNING

Some participants stated that an ideal family is the extended family.

> *"[The] ideal family should be composed of parents, children, and grandparents" [married non-FP-user woman].*

However, this view has little support. The majority of participants in Bahir Dar said that although this was true in the past, today's realities dictate the ideal family to be a nuclear family consisting of husband, wife, and their children.

> *"Previously an extended family was considered as ideal. However, currently, the ideal family is a family of husband and wife living with their children, balancing the numbers of children with their income levels" [married man].*

Study participants differed on their views of the number of children a family should have. Women's estimates ranged from two to four children, while men's opinion often depended on financial wellbeing.

> *"Given current economic conditions, three is the ideal number of children for a family" [married man].*

> *"If I earn a good income, I want to have seven or eight children" [married man].*

The benefits of having children mentioned by participants include: the need to replace oneself; happiness to the family that love of children brings; help to parents in retirement, illness, and old age; and as inheritors of family wealth. The comments of a female participant stand out.

> *"The benefits of children are that they will help their parents in times of illness and old age. In addition, they replace their parents in worldly life. A child makes his/her families' name eternal. There's no happiness that matches looking at one's child grow up and be successful in life" [married woman].*

But the participants also mentioned the negative aspects of having too many children: an economic burden on the family; difficulty in fulfilling the children's basic needs of food, clothing, and education; and the detrimental effect on women's health in terms of pregnancy, labor and delivery, and caring for the children.

> *"Having many children leads to difficulty in bringing up children properly and weakens economic capacity of the household. In addition, repeated pregnancies and labor affects women's health, leading to increased probability of the mothers' death" [married man].*

Most study participants in Bahir Dar said women have positive attitudes towards FP use, however they vary by marital status. Participants expressed that married women generally have positive attitudes toward FP, whereas single women may lack knowledge about FP methods.

> *"I don't think both married and single women equally support contraceptive use, because some single women may lack awareness" [married man].*

> *"Married women can discuss FP issues with their husbands, but single women have no one to discuss them with" [married FP-user woman].*

Participants frequently explained that the reason single women are not using FP may also relate to stigma and acceptability.

> *"If someone who knows me and my family sees me in a health institution seeking FP services, they will spread rumors that Mr. X's daughter is using contraceptives and I'll be labeled" [single woman].*

> *"It is discouraging [that] the community is not supportive for those single women who want to use contraceptives. Pregnancy before marriage is unacceptable to society. At the same time, contraceptive use by single women is also not accepted" [unmarried woman].*

However, participants also explained that some single women have positive attitudes and desire to use FP methods, regardless of what community may think of them.

> *"Since having a child before marriage is not acceptable in our community, single women have very strong positive attitude towards contraceptive use" [married man].*

In general, participants said men have favorable attitudes toward FP. However one HEW felt that men's attitudes towards FP are difficult to determine because they are not very involved in FP.

> *"Because of their limited involvement in FP activities, it is very difficult to say if males' attitudes are positive or negative" [HEW].*

Nonetheless, there appears to be differences by age. Older men may not favor FP use based on upholding traditional and religious principles/ views that see contraception as similar to the crime of killing an unborn fetus.

> *"Men have a positive attitude toward contraceptive use. However, older men don't support FP use. They say religious practices consider FP a taking of life" [married man].*

Overall, most study participants said that the community is generally supportive of FP.

> *"The community is supportive of people using FP. People in the community sometimes remind those women not using FP methods and having more children to go to health facilities and get the services. The community understands the importance of FP" [married woman].*

Participants varied in their opinions about who should/does make decisions about FP use. Some said the decision has to be made by both partners. Others said the decision rests in the hands of women, because they are the ones who carry the burden of not using FP. Still others said the decision should be made by men as they are the heads of households. Another view expressed was that, as men are busy earning income for the family, women should take this responsibility.

> *"In this community, the decision about FP and the method to use is made by both husbands and wives. Husbands have an equal say with their wives in deciding to use as well as choosing FP method" [married couples].*

> *"Women make the decision alone since they are primary victims of non-use. In addition, there is no culture of discussion on sexual and reproductive issues in Amhara region" [married man]*

> *"Male superiority can lead to family disruption. In the 21st century, every decision, even the decision to buy shoes, needs to be discussed among husbands and wives" [married man].*

Finally, almost all study participants in Bahir Dar believe in the importance of FP in preventing unwanted pregnancies and ensuring attainment of future plans for individual family members and the whole family. In addition, all FP methods should be used by all community members of childbearing age including men.

> *"Family planning is important because it has economic benefits of balancing income with expenses as well as avoiding the various consequences of unwanted pregnancy. All women having sexual relationships should use contraceptive methods. Men should also use FP methods" [married and single non-FP-user women].*

4.4.3 BARRIERS THAT HINDER OR INFLUENCE PEOPLE TO ACCESS FP SERVICES

As factors that motivate women to use FP, participants in Bahir Dar identified low economic status/financial reasons, not being in a relationship and/or a stable relationship, the need to limit the

number of children they have, and the influence of families and friends. However, finances appear to be the most important.

> *"Economic reasons are the most common reason of contraceptive use" [married woman].*

On the other hand, factors preventing women from using FP services are concerns over side effects of FP methods, religious influences, women who are economically dependent on their husbands, husbands/partners refusing contraceptive use, misconceptions and myths, and institutions not appropriate/friendly to demographic groups such as single women. Regarding religious factors, a married man said women married in an Orthodox Christian Church ceremony are not allowed to use any form of contraceptive, *"especially women married in an orthodox church's 'Kurban.'"*[6] However, religious belief becomes less important as a family has too many children.

> *"As the number of children increases, the family will be forced to use FP, in spite of religious prohibition" [private FP provider].*

In addition, husbands may refuse FP not only because the women are economically dependent, but also because the husbands may not be informed about FP.

> *"Partners/ husbands may not accept FP, may lack awareness, and/ or is rich" [married couple].*

Participants said that some husbands discourage women from using FP by saying they have received antidotes to any contraceptive the women might be using. As a result, women may not show up for subsequent FP appointments.

> *"Some husbands tell their wives they've taken an antidote for the contraceptives the wives may be using. 'Even if you take the injection, it won't [work].' Believing the men, the women may not come for their next contraception visit" [public provider].*

Participants also mentioned that at times, inappropriate FP providers for some groups may prevent women from seeking FP services.

> *"The location of institutions may not be appropriate for adolescents" [married man]*

One HEW said nothing prevents women from using FP services based on her experiences in community where all women are using one or another form of FP methods.

> *"In the community I work in, almost all women are using FP. I don't think there is anything that prevents women from using contraceptive methods" [HEW].*

Nevertheless, most study participants stressed the importance of increasing awareness creation efforts using different approaches and strategies, involving men in the process, and discussions with religious leaders. The following statements show the diversity of approaches mentioned:

> *"Educating women on the benefits and side effects of FP methods, improving community awareness using different strategies such as social gatherings and kebele meetings, encouraging open discussions between partners, involving men in discussions, and training religious leaders to encourage contraceptive use in communities are important" [single FP-user woman].*

> *"Increase accessibility of youth-friendly FP centers [married man].*

> *"Different organizations come here and prepare coffee ceremonies to discuss FP with women, but they never invite men. It would be good if men could be involved in similar discussions" [community leader].*

[6] The marriage ceremony of the Orthodox Christian Church.

4.4.4 FAMILY PLANNING SERVICES IN PUBLIC AND PRIVATE SECTORS

Study participants in Bahir Dar voiced varying views about where women seek FP services. The places include: public facilities, hospitals and health centers, private clinics and pharmacy, FGAE and Marie Stopes International Ethiopia (MSIE) clinics. Some study participants said women prefer to go to FGAE and MSIE clinics rather than private clinics.

> *"… because these facilities charge reasonable amounts. In addition, it is considered safe compared to private facilities as they specialize in family planning service provision; standard services within a short period of time" [married, FP-user woman].*

In addition, what attracts women to these facilities appears to be that they offer client privacy and confidentiality as well as separate services for different groups of women.

> *"Women prefer the FGAE clinic because experienced and skilled personnel working there ensure clients' privacy confidentiality of services. Further, young people prefer youth centers as they are youth friendly. FGAE has separate FP clinics for adults and young people" [married man].*

One participant stated that young women prefer to go to a youth centers.

> *"Young people, especially university students, seek FP service from youth centers. Mainly they go for emergency contraceptive methods" [young woman].*

Service providers had varying opinions about why women seek FP services at different facilities. One public service provider argued that women seek FP services at public facilities such as health centers for the free-of-charge, good-quality counseling services they receive at those institutions.

> *"Some clients who start to use FP in the private sector do not get counseling on the various contraceptive methods. When they shift to public facilities and are told about other methods, clients say they have never heard that such and such methods exist" [public provider nurse].*

An urban HEW spoke in favor of public facilities.

> *"The service in public institutions is free, [there is] thorough counseling on each method, side effects, and benefits. In addition, FP services are integrated with other services such as ANC [antenatal care], immunization, and abortion" [urban HEW].*

However a private sector health professional argued the opposite, saying that *"women seek FP service from private facilities, because of good-quality service provided with a short waiting time."* A community leader agreed that women use both public and private facilities, then added the following: *"Women mostly use public facilities. They do not want to use private clinics because of the cost of services."*

The factors that influence preference for FP services were indicated by most study participants as cost of services, knowledge of existence of services, and quality of care. Other factors are trust accorded to professionals in a service sector as well as distance of facilities.

> *"Where women seek FP services is affected by cost of services, belief in health professionals' technical skills, and distance" [married woman].*

> *"If women can get free services from a [public] health center, it is unlikely they will go to a private clinic. However, if providers fail to provide sufficient attention to women, preference will shift to where they can get adequate attention. On the other hand, if a private clinic or health center is far from where they live, they prefer the nearest [facility] to save time and transport costs" [single FP-user woman].*

Study participants identified barriers that prevent women from seeking services in the private sector as high cost of services and the standard of care they provide.

> *"Barriers to seek FP in the private clinic are cost; poor drug quality such as expired contraceptives can be supplied through contraband, which results in lack of trust. On the other hand, women may not have information about private providers" [married man].*

Finally, to encourage women to seek FP services from private providers, the majority of study participants in Bahir Dar said the sector needs to provide quality services at a lower cost and increase its visibility by providing information on services provided.

> *"Private providers need to provide their clients with counseling that is thorough on benefits and side effects of different FP methods. In addition, providing information about cost of services would be helpful" [married woman].*

More specifically, the private sector should be encouraged to bring overall services on a par with their public institution counterparts. To effect this, most participants said it is important for authorities to review the performance of private service providers "with the aim of improving quality the government should monitor private service provision," said one married male participant. Another strategy would be to provide opportunities for private providers to share experiences with their public institution counterparts.

> *"It would be good if the cost of services in the private sector is made affordable. In addition, they should learn to treat clients similar to that in public institutions. It would be beneficial if the private sector can share experiences with the public sector" [community leader].*

4.4.5 SOURCES OF FP INFORMATION

Sources of FP information for participants in Bahir Dar include: friends and family, husbands talking about FP methods, media (radio and TV), health professionals, health education at facilities, HEWs, and in schools.

> *"Early morning health education sessions in health facilities, health extension workers in urban and rural areas, NGOs working on health and FP at community levels, the media, radio and television are sources of information" [HEW].*

Regarding trusted sources, most study participants said sources of information they trusted are health professionals and HEWs.

> *"If the community hears the same information from different sources, that information will be trusted" [community leader].*

From these sources, the majority of participants stated that they have heard about FP services in general and about types of service, FP methods, advantages and side effects and how to use them.

The majority of participants said that group discussion with health care providers is an effective communication channel because it is clear and understandable.

> *"Community discussion like buna tetu[7] is an effective communication channel in the community" [community leader].*

In addition, education on radio and television and by HEWs as well as by school health education programs were mentioned by married and single FP users as effective.

[7] The coffee ceremony is a traditional coffee drinking ceremony where community members and professionals/ facilitators gather to discuss health-related issues. This approach was first used for HIV/AIDS awareness creation.

"The approach of these communication channels is friendly and easy to understand."

A health worker stressed the importance of television programs.

"The most trusted are health care providers, radio and television. Furthermore, the TV program 'Tenawe Bebetwo'[8] is very effective in communicating information and is a source of health and FP discussion in the community, as the community's faith in media is good" [HEW].

In regard to FP activities for men, although some study participants said there seems to be no organized education program specifically for men, others said information on FP exists for men.

"…on condom use, different contraceptive methods, and their side effects. However, the other said there is no organized educational program designed for male about FP" [married man].

Regarding activities promoting FP in the Bahir Dar area, study participants identified media, school, and workplace education.

"[There is] media advocacy and advertisements, health education at health facilities, school health education, workplace condom promotion through posters in offices" [married man].

An FP provider agreed with media and school as well as home-to-home education, but disagreed with workplace promotion.

"Behavioral change communication is happening in the area using various strategies, but there is no workplace education and no drama."

Although many study participants agreed on the effectiveness of existing activities in promoting FP services, some said there still are gaps. For example, one married male participant stated that he had heard the number of girls in Bahir Dar high schools having abortions is rising and could have been prevented if other methods of FP had been promoted.

"I have heard a report which states in Bahir Dar from two high schools more than 300 female students had abortions" [married male].

Participants suggested actions to increase effectiveness in activities promoting FP, as summarized below:

"To be more effective, education about FP should be provided in different settings including kebele meetings, in government offices, improved quality of counseling services, and promoting peer-to-peer education using the one-to-five community structure. Moreover, youth associations, 'idirs' and 'iqqubs' can be effective to disseminate FP information and education" [married men].

"Focus on young people using different entertaining and educational programs. Media and poster promotion should be encouraged. Finally, women should be encouraged to bring along their husbands to health institutions to partake in counseling sessions" [provider].

4.5 HAWASSA

4.5.1 KNOWLEDGE ABOUT FAMILY PLANNING

If families wish to limit the number of children they have, the majority of study participants in Hawassa suggested using FP. Most participants identified the following modern FP methods: IUDs, injectables, implants, emergency contraceptive pills, calendar method, and condoms. Regarding the methods men use, participants most frequently mentioned condoms and male sterilization as methods for men to

[8] This weekly TV show discusses different health topics; its name translates roughly as "Your health at your home."

prevent pregnancy. Of the various methods used, the majority of participants identified injectables as the most preferred in their community. The reasons for this are its safety, dependability, long-lasting nature, lack of need to remember to take regularly.

> *"Most of the time men have unplanned sex with their partners; thus, injection is a much trusted method to prevent pregnancy and space out birth" [married man].*

Participants had differing views about the least popular method, each for his/her own reason. For some, it is oral contraceptives (pills). For others, implants. For still others, IUDs are the least popular. The following statements represent the majority of respondents from different categories of respondent:

> *"Implant is very difficult. Especially, women in the community fear that once inserted, implants could get lost in women's bodies" [married man].*

> *"Pills are easy to forget to take, but injectables serve for at least six months and are reliable" [single non-FP-user women].*

> *"The least popular method among women is the IUD due to fear it may go very deep into the uterus and make subsequent pregnancy impossible" [community leader].*

Despite overall support for FP, study participants reported having heard rumors about FP methods. Implants could create difficulty for those involved in hard physical work such as daily laborers, and injectables could cause infertility.

> *"Injectables and implants could cause sterility" [single FP-user woman].*

A FP focal person clarifies the misconceptions as well as groups where such attitudes could generally be observed as follows:

> *"Regarding pills, tablets remain in the stomach. Injections can cause excessive weight gain and permanent infertility. In addition, implants make the hand weak and difficult to use, may be lost in women's bodies, and cause infertility. IUDs could be lost in the uterus. These types of conceptions are mainly observed among women aged 35 years and above and married, both literate and illiterate" [HEW].*

4.5.2 ATTITUDES AND PRACTCIES REGARDING FAMILY PLANNING

The majority of study participants in Hawassa said the ideal family is a nuclear family, husband and wife living together with their children. In addition, for most participants, the ideal number of children a family should have ranges from two to four.

> *"Previously our culture was to have a large family. But, nowadays, people use family planning services. Four is enough" [married man].*

> *"…a minimum of two children" [single FP-user woman].*

Participants also mentioned the benefits of having children as gifts from God and as sources of happiness in married life.

Although some participants mentioned that the community accepts having fewer children, the majority said it does not.

> *"The community encourages having more children" [married man].*

Participants also explained that husbands may refuse to limit the number of children.

"Even if we (women) say 'no' to additional children, husbands do not accept" [female participant].

Participants also mentioned potential competition to have more children which may also influence family size.

"My family compares me with my friends. 'They have three or four children; why did you stop at two?' Often, they push me to have more children" [married non-FP-user woman].

However, male participants who have had many children advised against large numbers of children.

"I have eight children. Life was relatively cheaper then. Now everything is expensive and I advise my children to have fewer children" [married man].

Participants also identified negative aspects of having too many children. The majority said it is detrimental to a household's financial security, the children's future, the plans of individual family members, and the mother's health:

"My neighbor has six children. She cooks food for all the family. Most of the time after dividing up the food among family members, nothing will be left for her. She loses weight day to day" [married non-FP-user woman].

"Having too more children will affect mother health. Especially if she does not gets care after delivery she will lose her capacity and power within short period of time" [single non-FP-user woman].

The majority of study participants from Hawassa mentioned that women and men in their communities have a positive attitude toward FP. However, participants added that there are differences in attitudes toward FP related to sex, marital status, and age. For example, half of the participants said that married women have better awareness of and attitudes toward FP.

"Married women have lots of family responsibilities, more than single women, and thus more responsible and aware of family planning" [married non-FP-user woman].

Conversely, the other half said single women are more positive and knowledgeable about FP than their married counterparts because they want to avoid children before marriage.

"We take much care to prevent unwanted pregnancy and resulting and unplanned marriage," [single FP-user woman].

Similar opposing views were shown concerning men's attitudes toward FP. Some participants said married men are more knowledgeable than single men while others stated the opposite.

"Married men have better awareness than single men on family planning because they consider safety of their marriage and family" [single FP-user woman].

"Single men are better than married men on family planning because they fear having children before marriage and unplanned marriage."

According to one community leader, young men are more aware than older men when it comes to having fewer children.

"Young men in society understand they have to limit the number of their children, but older men want to have many children" [community leader].

But generally, participants agreed that the community supports people using FP services and methods.

"More than 95 percent of the community, including husbands, encourages family planning users. Because, as women have more children, they ask for more money from their husbands" [married woman].

Regarding decision making on FP matters, some study participants said single women decide on their own.

"I am the decision maker. I know how what will happen unless I use family planning services" [single FP-user woman].

The majority of participants said decisions are made by women. For example, even if there is some form of discussion on FP use, when it comes to the final decision, women appear to take charge.

"First both of us agreed to use family planning services. After some time he told me to stop using the services. I said ok, but continued to receive the services" [married FP-user woman].

"In the community, decisions concerning FP in families are made mainly made by women because they are the ones affected by not using. This is not to say all men do not accept FP. But, in cases related to FP use, the woman decide for themselves" [community leader].

However, some men said they have a role in decision making and that the ultimate decision should be made by men as they don't trust the decisions women make by themselves.

"My wife can't disobey my decisions. Women are not wise. For example, if I say I can provide everything, she will end up with 10 children. Men including me are responsible to make decisions" [married man].

One married man said that women deciding to use FP services against the consent of their husbands may result in marital discord.

"When women decide to use family planning services alone, their husbands will have extramarital affairs and that puts the marriage at risk" [married man].

4.5.3 BARRIERS THAT HINDER OR INFLUENCE PEOPLE TO ACCESS FP SERVICES

For most of the participants in Hawassa, the major reasons for women seeking FP services are related to the family's income level not allowing another child, not being in a relationship/ marriage, and the desire to prevent further pregnancies.

Regarding influences that push women to seek FP services, a large number of discussants cited friends.

"Most of the time, friends influence them to seek family planning services" [married non-FP-user].

On the other hand, low-level awareness, a husband's opinions, myths and misconceptions, and religion prevent women from seeking FP services.

"In this area, low level of awareness and a husband not being interested in FP prevent women from using services" [married non-FP-user woman].

Most male participants also mentioned religion as a barrier to women seeking FP services.

"Religion is the major reason to prevent use of family planning services – to kill God's creation is a sin" [married man].

Single women mentioned fear of using public institutions as a major barrier.

"Unmarried women fear using public health centers because the community disapproves of unmarried women using family planning methods" [single non-FP-user woman].

To overcome the barriers, the majority of study participants in Hawassa mentioned the importance of working with HEWs.

"Work with health extension workers and create opportunity to discuss with husbands" [married woman].

Participants suggested several different strategies to promote FP.

"Working on promotion of family planning at different levels of the community and using different strategies like the coffee ceremony, forum drama, brochures distribution, radio spots. In addition, working closely with locally prominent persons, religious leaders, and men is very important" [married man].

"Radio, drama and other related health education for men is very important to bring change within the community" [married man].

One participant, a single woman, also mentioned the importance of local bar owners in influencing women to use FP services and the need to involve them in outreach efforts.

4.5.4 FAMILY PLANNING SERVICES IN PUBLIC AND PRIVATE SECTORS

The majority of participants said women in Hawassa use FP services from health posts/ HEWs, public health centers, hospitals, and the FGAE. The main reason for choosing these sources is cost of services.

"Services in health centers are free" [single FP-user woman].

Other reasons are the quality of services and counseling they receive at public facilities. Further, cost was the major reason for women avoiding seeking FP services in the private sector.

"The quality of services and counseling sessions are what they like about the public sector, but waiting time is a major dislike. Most women do not prefer private sector services for reasons of cost" [single non-FP-user woman].

"Private providers spend limited time with clients and charge a lot. But health center staffs are devoted to services and providing good-quality counseling" [married man].

Finally, to motivate women to use the private sector, in addition to providing information on service availability and location of service, participants unanimously agreed on the importance of improving quality and lowering the cost of services. Two responses summarize what most participants said:

"To encourage women to seek FP in private settings, all FP methods must be present in all facilities and provided by qualified health professionals. The quality of care must be improved in these private facilities. Counseling on side effects and benefits of FP must be given to the clients instead of just providing the methods. Most of all, they should consider people with low incomes when setting their service charges" [community leader].

"We encourage current and potential clients to seek FP service in the private sector if they can afford it. The reason is private facilities play a major role in providing services on the various health issues and this will strengthen service delivery in general. However, they must lower their service charges" [FP focal person].

4.5.5 SOURCES OF FP INFORMATION

The majority of participants in Hawassa mentioned they heard about FP from health centers, HEWs, the media (radio and television), friends and families, and schools and clubs. Participants mentioned health professionals and TV as reliable source of information.

> *"I get reliable information from health professionals" [married man].*

> *"I trust the live television discussion program where viewers ask questions and professionals answer them" [married man].*

Most participants stated that from these sources they have received information on where and how to access services, pregnancy prevention and information on different family planning methods.

Other effective communication channels were identified as media, flyers, coffee ceremonies, and kebele organization of one-to-five households. These channels were also recommended for carrying out activities promoting FP services in Hawassa.

> *"Radio and television adverts and peer-to-peer education are effective channels. These are suitable because of access, attractiveness, and user friendliness and understandable" [married woman].*

> *"I heard information on family planning from Debub[9] FM radio programs and I think it is an appropriate channel to teach people" [single FP-user woman].*

> *"Group called 'one-to-five' households, coffee ceremonies, and education by HEWs are effective" [married couple].*

> *"Youth, those who have organized themselves into clubs invite different health professionals and provide health education for members and other community" [married man].*

[9] FM channel for SNNP state.

5. CONCLUSIONS

This formative research aimed to understand knowledge about and attitudes toward FP services including serving seeking in the private sector, barriers that hinder women from seeking services especially from private providers, and the common sources of FP information. Based on the findings of the study, the following major conclusions can be made.

- There is no significant difference among study participants in the five study areas in terms of knowledge, attitudes, practices, and health seeking behaviors and sources of information about FP.
- In all the study sites, there is good understanding among study participants about availability of the different methods of modern FP and the benefits of using them.
- Most women and men in communities have favorable attitudes toward FP service use. However, there appears to be differences by marital status and age, with married women in general having better awareness about FP services than their single counterparts and single and younger men having better understanding and attitudes than married and older men.
- In most cases, the decision to use FP is made jointly by both partners; in some cases, either the woman or the man decides. The study findings make it clear that men's decisions for or against using FP cannot be violated in most families. Hence, male partners have a big role in their spouse's FP use.
- In all study sites, most FP methods are available in public health facilities; choice of method is more limited in private facilities. Limited choice seems to affect service utilization in the private sector.
- Multiple factors hinder women's seeking FP services. These are mainly myths and misconceptions about specific FP methods, religious and cultural issues, low levels of awareness about FP methods among some community members, social factors like male dominance, and cost.
- The most preferred facilities for women to seek FP services appear to be government health institutions, especially health centers. Availability of different options of FP methods, perceived good quality of services, and the fact that FP is linked with other services in these institutions appear to be reasons for this preference.
- Some of the reasons why women do not prefer private provision of FP services are service charges, limited options of FP methods, limited health worker time spent with clients, inadequate counseling provided on available methods, and less favorable provider attitudes.
- The most common sources of FP information identified in the study areas were health workers, HEWs, electronic media (radio and television), schools, and friends and family members. Health workers, HEWs, and radio and TV were identified as the most trusted sources.
- The most effective channels identified for promoting FP services were radio, television, education by HEWs through house-to-house visits, peer-to-peer education, and coffee ceremonies.

6. RECOMMENDATIONS

Based on the findings from this qualitative study, the following recommendations are made:

- Focusing FP education activities on prevailing misconceptions and myths related to FP methods, presumed side effects of some methods, religious and cultural issues that impede use of FP, and enhancing some husbands'/partners' understanding about FP use in order to help them develop positive attitude toward the methods.
- Engaging men in FP dialogues to enhance their understanding about FP and thus help them overcome social and cultural factors that influence their opposition to FP. This can be achieved by involving men in FP peer education and by using FP messages designed specifically for men.
- Involving community and religious leaders as well as prominent community personalities in FP education and awareness raising activities. Involvement of religious leaders especially would help to mitigate religion-related barriers to use.
- Enhancing the role of the private sector in providing FP through advocating availability of FP service in this sector and at the same time by removing barriers to women's use of the private sector, including cost of services and availability of limited methods.
- Strengthening FP communication can be achieved by increasing the type and number of FP information available to the community through:
    - Use of radio and TV, the preferred media for the study participants, to broadcast more FP messages.
    - Increasing the role of HEWs in communicating FP messages to the community since they also are a trusted source of information in most of the study communities.
    - Using community-level behavioral change communication activities including peer-to-peer education, coffee ceremonies, the government structure of one-to-five organization as a platform, and organizing community events to promote FP messages.
- Developing and disseminating FP communication materials that address major misconceptions and social and cultural issues that hinder the use of modern FP.

REFERENCES

1. United Nations. 2012. The Millennium Development Goals Report 2012. New York.
2. International Women's Rights Tribune Center. 1998. Rights of Women. New York.
3. UNFPA. 1998. Ensuring reproductive rights and implementing sexual and reproductive health programs including women's empowerment, male involvement and human rights; Expert Round Table Meeting. Kampala.
4. Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia. 2004. Millennium Development Goals Report: Challenges and Prospects for Ethiopia. Addis Ababa.
5. Federal Democratic Republic of Ethiopia, Ministry of Health. 2006. National Reproductive Health Strategy, 2006-2015. Addis Ababa.
6. Central Statistics Agency, MEASURE DHS-ICF Macro. 2011. Ethiopia Demographic & Health Survey 2011; Preliminary report. Addis Ababa.
7. Federal Democratic Republic of Ethiopia, Ministry of Health. Health and Health Related Indicators for 2009/2010. Addis Ababa.
8. Population Council and UNFPA. 2010. Ethiopia Young Adults Survey: A study in seven regions. Addis Ababa.
9. Private Health Sector Program (PHSP). May 2011. Assessment of the Availability and Demand of Family Planning and Sexually Transmitted Infection Services (FP/STI) in Private and Public Health Facilities in Ethiopia: A Situational Analysis. Bethesda: Abt Associates Inc.
10. Humble M. 1997. "Women's perspectives on reproductive rights." Women's health, women's rights. Planned Parenthood challenges IPPF; 2:26-31
11. Rumbold V, Warren C, Amare Y. 2007. Final Report of community-based safe motherhood survey, Ethiopia. Addis Ababa: FDRE, Population Council, UNFPA.
12. Fantahun M. 2005. Quality of Family Planning Services in Northwest Ethiopia. Ethiop. J. Health Dev.; 19(3):195-202.
13. Mathe JK, Kasonia KK, Maliro AK. 2011. Barriers to Adoption of Family Planning among Women in Eastern Democratic Republic of Congo. Afr J Reprod Health; 15(1):69-77.
14. Aryeetey R, Kotoh AM, Hindin MJ. 2010. Knowledge, Perceptions and Ever Use of Modern Contraception among Women in the Ga East District, Ghana. Afr J Reprod Health; 14(4): 27-32.
15. Petro-Nustas W. 1999. Men's knowledge of and attitude towards birthspacing and contraceptive use in Jordan. Family Planning Perspectives 25(4):181-186.

16. Terefe A, and Larson CP. 1993. Modern Contraception Use in Ethiopia: Does Involving Husbands Make a Difference? Am J Public Health. 83(11): 1567–1571.

17. Health Policy Initiative. 2010. The Cost of Family Planning in Ethiopia. Washington: Futures Group.

18. Dalton VK, Jacobson PD, Berson-Grand J, Weisman CS. 2005 Threats to Family Planning Services in Michigan: Organizational response to economic and political challenges. Women's Health Issues; 15(3):117-125.

19. Family Planning Management Development. 1997. Management Strategies for Improving Service Delivery: Using Evaluation as a Management Tool. The Family Planning Manager; VI(1):4-8.

20. Vernon R, Foreit J. 1999. How to help clients obtain more preventive reproductive health care. Family Planning Perspectives; 25 (4):111-195.

21. Shelton DJ, Bradshaw L, Hussein B, Zubair Z, Drexler T, McKenna MR. 1999. Putting unmet need to the test: community-based distribution of family planning in Pakistan. Family Planning Perspectives, 1999:25(4):200-202.

22. Simba D, Schuermer C, Forrester K, Hiza M. 2011. Reaching the poor through community-based distributors of contraceptives: experiences from Muheza district, Tanzania. Tanzania Journal of Health Research; 13(1):1-9.

ANNEX A. FOCUS GROUP DISCUSSION GUIDES

Focus Group Discussion Guide: Current Family Planning Users & Non-Users

Introduction:

Good morning/afternoon,

Thank you very much for volunteering to participate in this group discussion. We have been hired by ABH Services PLC to carry out the discussion today. We are working with the Private Sector Health Program and we would like to talk to you about family planning in your community. The information we gather from you and other community members will help us better understand the use of family planning among people in your community so that we can strengthen health communication about family planning in your area.

My name is _____ and I will be facilitating the group's discussion today. This is my colleague _____ who will be taking notes during our discussion. S/He will also be recording our conversation with an audio tape to make sure that everything we discuss today is captured. Everything you discuss with us today will be kept confidential. Everything we are going to talk about for the next hour and a half or so will be kept confidential. We will not be writing down your name at any point during this interview and your identification will never be revealed. Please be respectful of each other and remember that anything that is said in the discussion today should not be talked about outside of the group.

Your openness and candid responses to all questions really matters. Please know that there are no right or wrong answers. It is ok if you disagree with one another on certain issues, however please be respectful of each other's opinions. Also so that we can make sure that everyone is heard, please speak one at a time. If at any time you feel uncomfortable about what we are discussing, you can withdraw your participation in this group discussion.

Is it ok if we record our conversation? [*MAKE SURE YOU RECEIVE VERBAL CONSENT TO RECORD]*

[NOW READ THE CONSENT SCRIPT TO THE PARTICIPANTS]

Before we get started, do you have any questions?

General Information about study participants (FP):

FGD session Code_____ Region _____ Town _____

Tape recorder Code _____ Location _____

FGD Facilitator _____ Time FGD Started _____

TABLE 2: TYPE OF FGD DISCUSSANTS: [CHECK ONE]

#	FGD Participant Type	√
1	Unmarried females 18-45 who use FP	

2	Unmarried females 18-45 who don't use FP	
3	Married females 18-45 who use FP	
4	Married females 18-45 who don't use FP	
5	Married males 18 and older	

TABLE 3: [COLLECT THIS INFORMATION INDIVIDUALLY PRIOR TO START OF THE DISCUSSION]

Participant's code	Age	Education (Grade) 1= None 2= Elementary incomplete 3= Elementary complete 4= Secondary 5= Diploma 6= Degree	Number of children (write number)	Religion 1= Christian 2= Muslim 3= Other (write answer)	Profession (write answer)
P1					
P2					
P3					
P4					
P5					
P6					
P7					
P8					
P9					
P10					

Introductions

Let's start today by getting to know each other a bit more. Let's go around the group and please tell us:

- Your first name
- How many children you have and how old they are
- Something you like to do for fun.

If you would like to choose a nickname or name other than your real first name to use today, that is fine.

1. Family Planning Knowledge

Let's begin our discussion by talking about some of your general thoughts about family planning. Remember, you don't have to answer any questions that you do not want to answer.

1.1 What does the ideal family look like in your community?

PROBES: children, parents, grandparents, etc.

Follow up: How many children is ideal?

What might make a couple want fewer children?

1.2 What are the benefits/positive aspects of having children?

1.3 What are the negative consequences of a couple having more children than they want?

Follow up: What is the impact, if any, of having too many children on a mother's health? Why or why not?

PROBES: what is bad or harmful

On the household finances? Why or why not?

PROBES: what is bad or harmful

On an individual's future plans? Why or why not?

PROBES: what is bad or harmful

1.4 What do you think are the best ways to make sure you will have the number of children that you want and no more?

Follow up: How well do these prevent pregnancy?

1.5 What are the most popular ways that people in your community prevent pregnancy or space out births?

PROBES: permanent, long-term and short-term methods, traditional/cultural methods

Why are these methods favored over others?

What are the least popular ways to prevent pregnancy or space out births? Why?

1.6 What do you know about modern FP methods?

Follow up: What methods exist?

What types of rumors exist about using family planning?

What known side effects are there?

What are the benefits?

What are the disadvantages of using family planning?

2 Community attitudes and practices regarding family planning

Now let's talk a little bit about people's attitudes about FP.

2.1 What do women think about using a FP method in your community?

Follow up: Do married women think differently about FP than single women? Why?

Do younger women think differently about FP than older women? Why? What ages differ?

2.2 What do men think about women using a FP method in your community?

Follow up: Do married men think differently about FP than single men? Why?

Do younger men think differently about FP than older men? Why? What ages differ?

How does this affect whether or not their wife/partner seeks FP?

2.3 What is the attitude in your community towards people using a FP method?

PROBES: stigmatizing, discriminating, supportive, etc.

2.4 In your community, who in the family makes decisions about family planning, such as if FP will be used, and what FP method will be used?

PROBES: husband, mother, family member, individual, etc.

Follow up: How are these decisions made?

PROBES: discussion between partners, husband decides without discussion, etc.

What role does a woman's husband have in making decisions about family planning?

How much say does the husband have?

2.5 Do you think family planning is important?

Follow up: Why or why not?

Who do you think should use FP services?

PROBES: single women, single men, married women, married men, adolescents

Why or why not?

3 Barriers that hinder or influence women to access to family planning services

Next let's discuss why some women in your community use FP and some women do not.

3.1 Why do women in your community use FP?

PROBES: financial stability, not in a relationship, don't want another child, family member/friend is doing it, etc.

Follow up: Which do you think is the most common reason of all? Why?

What motivates them to seek FP services? How? Why?

Who influences them to seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

3.2 What prevents women in your community from using FP?

PROBES: traditional values/practices, cultural norms, partner does not accept FP, fear of discussing with husband/partner, access/distance to facility, cost/affordability, fear of side effects, myths and misconceptions, against religious beliefs, stigma from community, discomfort going to a health facility, etc.

Follow up: Why do you think these reasons prevent women from seeking FP? *[FOLLOW UP ON EACH REASON GIVEN]*

Who influences women to not seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

What can be done to help these women overcome these barriers? *[FOLLOW UP ON EACH REASON GIVEN]*

4 Family planning services

Now let's talk about where women in your community go for FP services.

4.1 Where do most women prefer to go for FP services?

Follow up: Why?

What do they like about it?

PROBES: quality of service, short waiting time, clean facility, provider attention, care given, etc.

What do they dislike about it?

PROBES: quality of service, wait time, facility cleanliness, provider attitude, lack of privacy, lack of information, distance from home, cost, etc.

[IF ANSWER IS PRIVATE SECTOR] Why don't women use the public sector?

[IF ANSWER IS PUBLIC SECTOR OR health extension worker] Why don't women use the private sector?

4.2 What factors influence where a woman in your community will seek FP services?

PROBES: knowledge of treatment/care/availability of service, distance/access, cost, availability of transportation, perceived quality of care, trust of health worker/facility, etc.

Follow up: How? Why? [FOLLOW UP ON EACH REASON GIVEN]

4.3 What do you think prevents women from seeking FP services in the private sector?

PROBES: cost, access/distance to private facility, limited time spent with provider, etc.

Follow up: What could be done to motivate women in your community to seek FP services in the private sector?

PROBES: if other family members or friends went there, if it saved time, if it there was more privacy, if it cost less, if it was easier to get to, etc.

What information about private sector FP services would be useful to have?

PROBES: location of facilities, cost of services, expectations of service, etc.

5 Sources of information

5.1 How did you all first hear about FP services in your community?

PROBES: from who, where, etc.

5.2 Where do you get information on FP?

PROBES: health facility, health extension workers, radio programs, mother, sister, partner/husband, neighbor, etc.

Follow up: Who/what are your trusted sources of information on FP or general health issues?

PROBES: health provider, health extension worker, mother, sister, women's group, community leader, etc.

What kind of information is obtained from these trusted sources?
[FOLLOW UP ON EACH SOURCE GIVEN]

PROBES: types of service, methods, side effects, duration of protection, cost, location and hours of services, etc.

What are effective communication channels in your community?

PROBES: SMS, community theater, peer-to-peer networks, etc.

Why do you think these modes of communication are more effective?

PROBES: access, understandability, attractiveness, user friendliness, language, etc.

5.3 What types of information on FP exists in your community for women?

PROBE: method types, side effects, decision making for FP with your partner, etc.

Follow up: For men?

PROBE: male involvement in FP, supportive decision making for FP, etc.

Do think these are useful? Why or why not?

What kind of information would you find helpful to have?

5.4 What activities that promote FP are happening in this community?

PROBES: media advocacy/adverts; community dramas; workplace information and service, school education

Follow up: Why or why aren't they effective?

What other activities could be useful and effective?

This concludes the group discussion. Do you have any other points you would like to raise? Do you have any other questions?

Thank you for your participation in this discussion. Remember, this discussion will be kept confidential and please do not share any part of our discussion today with anyone outside of the group.

Time FGD discussion ended: _____

Focus Group Discussion Guide: Married Men

Introduction:

Good morning/afternoon,

Thank you very much for volunteering to participate in this group discussion. We have been hired by ABH Services PLC to carry out the discussion today. We are working with the Private Sector Health Program and we would like to talk to you about family planning in your community. The information we gather from you and other community members will help us better understand the use of family planning among people in your community so that we can strengthen health communication about family planning in your area.

My name is _____ and I will be facilitating the group's discussion today. This is my colleague _____ who will be taking notes during our discussion. S/He will also be recording our conversation with an audio tape to make sure that everything we discuss today is captured. Everything you discuss with us today will be kept confidential. Everything we are going to talk about for the next hour and a half or so will be kept confidential. We will not be writing down your name at any point during this interview and your identification will never be revealed. Please be respectful of each other and remember that anything that is said in the discussion today should not be talked about outside of the group.

Your openness and candid responses to all questions really matters. Please know that there are no right or wrong answers. It is ok if you disagree with one another on certain issues, however please be respectful of each other's opinions. Also so that we can make sure that everyone is heard, please speak one at a time. If at any time you feel uncomfortable about what we are discussing, you can withdraw your participation in this group discussion.

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[NOW READ THE CONSENT SCRIPT TO THE PARTICIPANTS]

Before we get started, do you have any questions?

General Information about study participants (FP):

FGD session Code_____ Region _____ Town _____

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FGD Facilitator _____ Time FGD Started _____

Type of FGD Discussants: *[CHECK ONE]*

#	FGD Participant Type	√
1	Unmarried females 18-45 who use FP	
2	Unmarried females 18-45 who don't use FP	
3	Married females 18-45 who use FP	
4	Married females 18-45 who don't use FP	
5	Married males 18 and older	

[COLLECT THIS INFORMATION INDIVIDUALLY PRIOR TO START OF THE DISCUSSION]

Participant's code	Age	Education (Grade) 1= None 2= Elementary incomplete 3= Elementary complete 4= Secondary 5= Diploma 6= Degree	Number of children (write number)	Religion 1= Christian 2= Muslim 3= Other (write answer)	Profession (write answer)
P1					
P2					
P3					
P4					
P5					
P6					
P7					
P8					
P9					
P10					

Introductions

Let's start today by getting to know each other a bit more. Let's go around the group and please tell us:

- Your first name
- How many children you have and how old they are
- Something you like to do for fun.

If you would like to choose a nickname or name other than your real first name to use today, that is fine.

1 Family planning knowledge

Let's begin our discussion by talking about some of your general thoughts about family planning (FP). Remember, you don't have to answer any questions that you do not want to answer.

1.1 What does the ideal family look like in your community?

PROBES: children, parents, grandparents, etc.

Follow up: How many children is ideal?

What might make a couple want fewer children?

1.2 What are the benefits/positive aspects of having children?

1.3 What are the negative consequences of a couple having more children than they want?

Follow up: What is the impact, if any, of having too many children on a mother's health? Why or why not?

PROBES: what is bad or harmful

On the household finances? Why or why not?

PROBES: what is bad or harmful

On an individual's future plans? Why or why not?

PROBES: what is bad or harmful

1.4 What do you think are the best ways to make sure you will have the number of children that you want and no more?

Follow up: How well do these prevent pregnancy?

1.5 What are the most popular ways that people in your community prevent pregnancy or space out births?

PROBES: permanent, long-term and short-term methods, traditional/cultural methods

Follow up: Why are these methods favored over others?

What are the least popular ways to prevent pregnancy or space out births? Why?

1.6 What ways/methods do men prevent pregnancy?

Follow up: What do you think about using these methods?

1.7 What do you know about modern family planning methods?

Follow up: What methods exist?

What types of rumors exist about using family planning?

What known side effects are there?

What are the benefits?

What are the disadvantages of using family planning?

2 Community attitudes and practices regarding family planning

Now let's talk a little bit about people's attitudes about FP.

2.1 What do men in your community think about women using a FP method?

Follow up: Do married men think differently about FP than single men? Why?

Do younger men think differently about FP than older men? Why? What ages differ?

How does this affect whether or not their wife/partner seeks FP?

2.2 What do women in your community think about men using a FP method?

Follow up: Do married women think differently about FP than single women? Why?

Do younger women think differently about FP than older women? Why? What ages differ?

2.3 How do people in your community treat those who they know are using a FP method?

PROBES: stigmatizing, discriminating, supportive, etc.

Follow up: Does this treatment vary by gender?

2.4 What do you think is the role of men in FP?

PROBES: decision maker, not involved, etc.

Follow up: Why? *[FOLLOW UP ON EACH REASON GIVEN]*

2.5 In your community, who in the family makes decisions about FP, such as if FP will be used, and what FP method will be used?

PROBES: you, wife, mother, family member, etc.

Follow up: How are these decisions made?

PROBES: discussion between partners, you decide without discussing with your partner, etc.

What role does a woman have in making decisions about FP? What role does the man have?

2.6 Do you think FP is important?

Follow up: Why or why not?

Who do you think should use FP services?

PROBES: single women, single men, married women, married men, adolescents

Why or why not?

3 Barriers that hinder or influence women to access to family planning services

Next let's discuss why some women in your community use FP and some women do not.

3.1 Why do women in your community use FP?

PROBES: financial stability, not in a relationship, don't want another child, family member/friend is doing it, etc.

Follow up: What motivates them to seek FP services? How? Why?

Who influences them to seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

3.2 What prevents women in your community from using FP?

PROBES: traditional values/practices, cultural norms, partner does not accept FP, fear of discussing with husband/partner, access/distance to facility, cost/affordability, fear of side effects, myths and misconceptions, against religious beliefs, stigma from community, discomfort going to a health facility, etc.

Follow up: Why do you think these reasons prevent women from seeking FP? *[FOLLOW UP ON EACH REASON GIVEN]*

Who influences women to not seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

What can be done to help these women overcome these barriers? *[FOLLOW UP ON EACH REASON GIVEN]*

4 Family planning services

Now let's talk about where people in your community go for FP services.

4.1 In your community, where can a woman go for FP services?

PROBES: public facility: hospital, health center, mobile clinic; private facility: FP association, hospital, health center, clinic; health extension worker; pharmacy, etc.

Follow up: Where can a man go for FP services?

4.2 Where do most women prefer to go for FP services?

Follow up: Why?

[IF ANSWER IS PRIVATE SECTOR] Why don't women use the public sector?

[IF ANSWER IS PUBLIC SECTOR OR health extension worker] Why don't women use the private sector?

4.3 What factors influence where a woman in your community will seek FP services?

PROBES: knowledge of treatment/care/availability of service, distance/access, cost, availability of transportation, perceived quality of care, trust of health worker/facility, etc.

Follow up: How? Why? *[FOLLOW UP ON EACH REASON GIVEN]*

4.4 What do you think prevents someone from seeking FP services in the private sector?

PROBES: cost, access/distance to private facility, limited time spent with provider, etc.

Follow up: What could be done to motivate individuals in your community to seek FP services in the private sector?

PROBES: if other family members or friends went there, if it saved time, if it there was more privacy, if it cost less, if it was easier to get to, etc.

What information about private sector FP services would be useful to have?

PROBES: location of facilities, cost of services, expectations of service, etc.

5 Sources of information

5.1 Where do you get information on health?

PROBES: health facility, health extension workers, radio programs, mother, sister, partner/husband, neighbor, etc.

Follow up: Who/what are your trusted sources of health information?

PROBES: health provider, health extension worker, mother, sister, women's group, community leader, etc.

What kind of information do you get from these trusted sources? *[FOLLOW UP ON EACH SOURCE GIVEN]*

What are effective communication channels in your community?

PROBES: SMS, community theater, peer-to-peer networks, etc.

Why do you think these modes of communication are more effective?

PROBES: access, understandability, attractiveness, user friendliness, language, etc.

5.2 What types of information on FP exists in your community that is specific for men?

PROBE: method types, side effects, decision making for FP with your partner, male involvement in FP, etc.

Do think these are useful? Why or why not?

What kind of information would you find helpful to have?

PROBE: male involvement in FP, supportive decision making for FP, etc.

5.3 What activities that promote FP are happening in this community?

PROBES: media advocacy/adverts; community dramas; workplace information and service, school education

Follow up: Why or why aren't they effective?

What other activities could be useful and effective?

This concludes the group discussion. Do you have any other points you would like to raise? Do you have any other questions?

Thank you for your participation in this discussion. Remember, this discussion will be kept confidential and please do not share any part of our discussion today with anyone outside of the group.

Time FGD discussion ended: _____

ANNEX B. IN-DEPTH INTERVIEW GUIDES

In-depth Interview Guide: Married Couple

Introduction

Greetings, thank you very much for volunteering to participate in this interview. We are working with the Private Sector Health Program and we would like to talk to you about family planning in your community. Everything we are going to talk about for the next hour or so will be kept confidential. We will not be collecting your name at any point during this interview and your identification will never be revealed.

Your openness and candid response to all questions really matters. Please know that there are no right or wrong answers. Your answers will help us better understand the use of family planning among people in your community so that we can strengthen health communication about family planning in your area. However, you can withdraw your participation in this interview any time if you feel uncomfortable about what we are discussing.

My name is _____ and I will be asking you questions during this interview. This is my colleague _____ who will be taking notes during our discussion. S/He will also be recording our conversation with an audio tape to make sure that everything we discuss today is captured. Everything you discuss with us today will be kept confidential.

Is it ok if we record our conversation? [*MAKE SURE YOU RECEIVE VERBAL CONSENT TO RECORD]*

[NOW READ THE CONSENT SCRIPT TO THE PARTICIPANT]

Before we get started, do you have any questions?

General Information

Region _____

Town _____

Number of Years Married _____

Number of Children _____

Ages of Children

_____

Male's Profession _____ Female's Profession

_____

Male's Education level *[CIRLCE ONE]:*

No School Some Primary Completed Primary Secondary Diploma Degree

Female's Education level *[CIRLCE ONE]:*

No School Some Primary Completed Primary Secondary Diploma Degree

I Family planning knowledge

1.1 What does the ideal family look like in your community?

PROBES: children, parents, grandparents, etc.

Follow up: How many children is ideal?

What might make a couple want fewer children?

1.2 What are the benefits/positive aspects of having children?

1.3 What are the negative consequences of a couple having more children than they want?

Follow up: What is the impact, if any, of having too many children on a mother's health? Why or why not?

PROBES: what is bad or harmful

On the household finances? Why or why not?

PROBES: what is bad or harmful

On an individual's future plans? Why or why not?

PROBES: what is bad or harmful

1.4 What do you think are the best ways to make sure you will have the number of children that you want and no more?

Follow up: How well do these prevent pregnancy?

1.5 What are the most popular ways that people in your community prevent pregnancy or space out births?

PROBES: permanent, long-term and short-term methods, traditional/cultural methods

Why are these methods favored over others?

What are the least popular ways to prevent pregnancy or space out births? Why?

1.6 What *[OTHER]* traditional methods for FP have you heard about?

Follow up: What do you know about each of these FP methods?
[REFER TO THOSE CHECKED ABOVE]

PROBES: for male or female use, short-term/long-term/permanent method, how method is used, side effects, effectiveness, etc.

How do you know about these methods?

Who told you about these methods?

1.7 What *[OTHER]* modern methods for FP have you heard about? *[CHECK ALL THAT ARE STATED, THEN FOLLOW UP BY ASKING ABOUT SPECIFIC METHODS THAT WERE NOT MENTIONED]*

FP Method	√
Pill	
IUD	
Injectable	
Implant	
Male condom	
Female condom	
Emergency contraception	
Female sterilization	
Male sterilization	

Follow up: What do you know about each of these FP methods? *[REFER TO THOSE CHECKED ABOVE]*

PROBES: for male or female use, short-term/long-term/permanent method, how method is used, side effects, effectiveness, etc.

How do you know about these methods?

Who told you about these methods?

2 Community attitudes and practices regarding family planning

2.1 What do women think about using a FP method in your community?

Follow up: Do married women think differently about FP than single women? Why?

Do younger women think differently about FP than older women? Why? What ages differ?

2.2 What do men think about women using a FP method in your community?

Follow up: Do married men think differently about FP than single men? Why?

Do younger men think differently about FP than older men? Why? What ages differ?

How does this affect whether or not their wife/partner seeks FP?

2.3 What is the attitude in your community towards people using a FP method?

PROBES: stigmatizing, discriminating, supportive, etc.

2.4 In your community, who in the family makes decisions about FP, such as if FP will be used, and what FP method will be used?

PROBES: husband, mother, family member, individual, etc.

Follow up: How are these decisions made?

PROBES: discussion between partners, husband decides without discussion, etc.

What role does a woman's husband have in making decisions about family planning?

How much say does the husband have?

2.5 Do you think FP is important?

Follow up: Why or why not?

Who do you think should use FP services?

PROBES: single women, single men, married women, married men, adolescents

Why or why not?

3 Barriers that hinder or influence women to access to FP services

3.1 Why do women in your community seek FP services?

PROBES: financial stability, not in a relationship, don't want another child, family member/friend is doing it, etc.

Follow up: Which do you think is the most common reason of all? Why?

What motivates them to seek FP services? How? Why?

Who influences them to seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

3.2 What prevents women in your community from seeking FP?

PROBES: traditional values/practices, cultural norms, partner does not accept FP, access/distance to facility, cost/affordability, myths and misconceptions, religious beliefs, discomfort going to a health facility, etc.

Follow up: Why do you think these reasons prevent women from seeking FP? *[FOLLOW UP ON EACH REASON GIVEN]*

Who influences women to not seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

What can be done to help these women overcome these barriers? *[FOLLOW UP ON EACH REASON GIVEN]*

4 Use of family planning methods

4.1 Are you currently using a FP method?

Follow up: Why or why not?

If yes, how long have you been using this method?

How long have you been using any FP method?

What other FP methods have you tried?

What did you like or dislike about those?

4.2 If you are currently using FP or have in the past, what influenced you to use FP?

Follow up: How did you make the decision to do so?

PROBES: discussed together, one of them made the decision, discussed together with doctor, etc.

Was it a difficult decision to make? Why or why not?

What could have made this decision easier to make?

4.3 Are you happy with the FP method you are currently using?

Follow up: Why or why not?

Are there other methods you prefer? If so, which ones, why, and why aren't you using it?

5 Family planning services

5.1 Where do you go for FP services?

PROBES: public facility: hospital, health center, mobile clinic; private facility: FP association, hospital, health center, clinic; health extension worker; pharmacy, etc.

Follow up: Why do you go there?

What do you like about it?

PROBES: quality of service, short waiting time, clean facility, provider attention, care given, etc.

What do you dislike about it?

PROBES: quality of service, wait time, facility cleanliness, provider attitude, lack of privacy, lack of information, distance from home, cost, etc.

[FOR PRIVATE SECTOR USERS] Why don't you use the public sector?

[FOR PUBLIC SECTOR OR HEALTH EXTENSION WORKER USERS] Why don't you use the private sector?

5.2 Where do other women in your community usually seek FP services?

PROBES: public facility, private facility, health extension worker, pharmacy, etc.

Follow up: Why do they seek services there?

5.3 What factors influence where a woman in your community will seek FP services?

PROBES: knowledge of treatment/care/availability of service, distance/access, cost, availability of transportation, perceived quality of care, trust of health worker/facility, etc.

Follow up: How? Why? *[FOLLOW UP ON EACH REASON GIVEN]*

5.4 What do you think prevents women from seeking FP services in the private sector?

PROBES: cost, access/distance to private facility, limited time spent with provider, etc.

Follow up: What could be done to help reduce these barriers for your community?

What information would be useful for them to have?

6 Sources of information

6.1 How did you first hear about FP services in your community?

PROBES: who, where, etc.

6.2 Where do you get information on FP?

PROBES: health facility, health extension workers, radio programs, mother, sister, partner/husband, neighbor, etc.

Follow up: Who/what are your trusted sources of health information?

What are effective communication channels in your community?

PROBES: SMS, community theater, peer-to-peer networks, etc.

6.3 What types of information on FP exist in your community for women?

PROBE: method types, side effects, decision making for FP with your partner, etc.

Follow up: For men?

PROBE: male involvement in FP, supportive decision making for FP, etc.

Do think these are useful? Why or why not?

What kind of information would you find helpful to have?

6.4 What activities that promote FP are happening in this community?

PROBES: media advocacy/adverts; community dramas; workplace information and service, school education

Follow up: Why or why aren't they effective?

What other activities could be useful and effective?

This concludes the interview. Do you have any other points you would like to raise? Do you have any other questions?

Thank you for your participation in the interview.

In-depth Interview Guide: Community Leader

Introduction

Greetings, thank you very much for volunteering to participate in this interview. We are working with the Private Sector Health Program and we would like to talk to you about the use of family planning in your community. Everything we are going to talk about for the next hour or so will be kept confidential. We will not be collecting your name at any point during this interview and your identification will never be revealed.

Your openness and candid response to all questions really matters. Please know that there are no right or wrong answers. Your answers will help us better understand the use of family planning among people in your community so that we can strengthen health communication about family planning in your area. However, you can withdraw your participation in this interview any time if you feel uncomfortable about what we are discussing.

My name is _____ and I will be asking you questions during this interview. This is my colleague _____ who will be taking notes during our discussion. S/He will also be recording our conversation with an audio tape to make sure that everything we discuss today is captured. Everything you discuss with us today will be kept confidential.

Is it ok if we record our conversation? *[MAKE SURE YOU RECEIVE VERBAL CONSENT TO RECORD]*

[NOW READ THE CONSENT SCRIPT TO THE PARTICIPANT]

Before we get started, do you have any questions?

General Information

Region _____

Town _____

1. Individual family planning knowledge

1.1. What is your role in this community?

Follow up: What groups/associations/etc. are you affiliated with?

What are your main responsibilities with those groups/associations/etc.?

1.2 Have you ever heard about FP?

Follow up: If yes, what do you know about FP?

What FP methods do you know about? *[CHECK ALL THAT ARE STATED, THEN FOLLOW UP BY ASKING ABOUT SPECIFIC METHODS THAT WERE NOT MENTIONED]*

FP Method	√
Pill	
IUD	
Injectable	
Implant	

Male condom	
Female condom	
Emergency contraception	
Female sterilization	
Male sterilization	

What do you know about each of these FP methods? *[REFER TO THOSE CHECKED ABOVE]*

PROBE: for male or female use, short-term/long-term/permanent method, how method is used, etc.

1.3 What are the most popular ways that women in your community prevent pregnancy or space out births?

PROBE: permanent, long-term and short-term methods, traditional/cultural methods

Why are these methods favored over others?

What are the least popular ways to prevent pregnancy or space out births? Why?

1.4 Do you think FP is important?

Follow up: Why or why not?

Who do you think should use FP services?

PROBES: single women, single men, married women, married men, adolescents

Why or why not?

2 Community knowledge and attitudes regarding family planning

2.1 What are the most common myths and misconceptions that women in your community have about FP?

Follow up: Do these vary by age group, marital status or any other factors? If yes, please explain how.

How does this affect whether they seek FP or not?

2.2 What myths and misconceptions do men have in your community about FP?

Follow up: Do these vary by age group, marital status or any other factors? If yes, please explain how.

How does this affect whether or not they seek FP?

How does this affect whether or not their wife/partner seeks FP?

2.3 What are common attitudes about FP in your community?

Follow up: Among women of reproductive age?

Among men of reproductive age in general?

2.4 In your community, who in a family makes the decisions about FP, such as if FP will be used, and what FP method will be used?

PROBES: husband, mother, family member, individual, etc.

Follow up: How are these decisions made?

PROBES: discussion between partners, husband decides without discussion, etc.

What role does a woman's husband have in making decisions about FP?

How much say does the husband have?

3 Barriers that hinder or influence women to access to family planning services

3.1 Why do women in your community seek FP?

PROBES: financial stability, not in a relationship, don't want another child, family member/friend is doing it, etc.

Follow up: Which do you think is the most common reason of all? Why?

What motivates them to seek FP services? How? Why?

Who influences them to seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

3.2 What prevents women in your community from seeking FP?

PROBES: cultural norms, partner does not accept FP, access/distance to facility, cost/affordability, myths and misconceptions, religious beliefs, discomfort going to a health facility, etc.

Follow up: Why do you think these reasons prevent women from seeking FP? *[FOLLOW UP ON EACH REASON GIVEN]*

Who influences women to not seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

What can be done to help these women overcome these barriers? *[FOLLOW UP ON EACH REASON GIVEN]*

4 Family planning services

4.1 Where do women in your community seek FP services?

PROBES: public facility, private facility, health extension worker, pharmacy, etc.

Follow up: Why do they seek services there?

What do they like about services there?

Why don't they seek services elsewhere?
[GIVE EXAMPLES FROM PROBES ABOVE THAT WERE NOT MENTIONED]

What don't they like about services there?

4.2 What factors influence where a woman in your community will seek FP services?

PROBES: knowledge of treatment/care/availability of service, distance/access, cost, availability of transportation, perceived quality of care, trust of health worker/facility, etc.

Follow up: How? Why? *[FOLLOW UP ON EACH REASON GIVEN]*

4.3 What barriers do you think hinder women from seeking FP services in the private sector?

PROBES: cost, access/distance to private facility, limited time spent with provider, etc.

Follow up: What could be done to help reduce these barriers for your community?

What information would be useful for them to have?

5 Sources of information

5.1 Where do people in your community get information on health?

PROBES: health facility, health extension workers, radio programs, mother, sister, partner/husband, neighbor, etc.

Follow up: Who/what are their trusted sources of health information?

What are effective communication channels in your community?

PROBES: SMS, community theater, peer-to-peer networks, etc.

5.2 What types of information on FP exists in your community for women?

Follow up: For men?

PROBE: male involvement in FP, supportive decision making for FP, etc.

Where else do people in your community get information on FP?

5.3 What behavior change activities for FP are happening in this community?

PROBES: media advocacy/adverts; community dramas; workplace information and service, school education

Follow up: Why or why aren't they effective?

What other activities could be useful and effective?

5.4 As a leader in your community, would you be willing to encourage community members to use FP?

Follow up: Would you be willing to encourage people to seek FP in the private sector?

Why or why not?

This concludes the interview. Do you have any other points you would like to raise? Do you have any other questions?

Thank you for your participation in the interview.

In-depth Interview Guide: Woreda/District Health Office Maternal Health and/or FP Focal Person

Introduction

Greetings, thank you very much for volunteering to participate in this interview. We are working with the Private Sector Health Program and we would like to talk to you about family planning services and health seeking behaviors in your community. Everything we are going to talk about for the next hour or so will be kept confidential. We will not be collecting your name at any point during this interview and your identification will never be revealed.

Your openness and candid response to all questions really matters. Please know that there are no right or wrong answers. It will help us better understand the use of family planning services and health seeking behavior among your people in your community so that we can strengthen health communication about family planning in your community. However, you can withdraw your participation in this interview any time if you feel uncomfortable about what we are discussing.

My name is _____ and I will be asking you questions during this interview. This is my colleague _____ who will be taking notes during our discussion. S/He will also be recording our conversation with an audio tape to make sure that everything we discuss today is captured. Everything you discuss with us today will be kept confidential.

Is it ok if we record our conversation? *[MAKE SURE YOU RECEIVE VERBAL CONSENT TO RECORD]*

[NOW READ THE CONSENT SCRIPT TO THE PARTICIPANT]

Before we get started, do you have any questions?

General Information

Region _____

Town _____

Health Office Type *[CIRCLE ONE]:*

Woreda Health Office District Health Office

1. Family planning service provision (type of service, clients and preferred choices)

1.1. What is your role in this office?

Follow up: What are your main responsibilities with respect to the provision of FP in this Woreda/District *[SELECT APPROPRIATE TERM]*?

1.2. What types of FP methods are provided in this Woreda/District *[SELECT APPROPRIATE TERM]*? *[CHECK ALL THAT ARE STATED, THEN FOLLOW UP BY ASKING ABOUT SPECIFIC METHODS THAT WERE NOT MENTIONED]*

FP Method	√
Pill	
IUD	
Injectable	
Implant	
Male condom	
Female condom	
Emergency contraception	

Follow up: What about *[INSERT METHOD HERE]*?

Why isn't *[INSERT METHODS MENTIONED ABOVE]* provided?

PROBES: not enough demand, must be provided at a facility, too expensive, etc.

Does the provision of these types of FP methods vary between the public and the private facilities? Why?

1.3. How would you describe a typical FP user in this Woreda/District *[SELECT APPROPRIATE TERM]*?

PROBES: Age, sex, marital status (single, married, divorced, separated), literacy & education levels, income level, place of residence (urban, rural, peri-urban)

Follow up: What are the most popular FP methods among women here? Why? *[REFER TO CHECKLIST ABOVE]*

PROBES: permanent, intermediate and short-term methods

What are the least popular FP methods? Why?

2 Current knowledge and attitudes regarding family planning

2.1 What are the most common myths and misconceptions that women here have about FP?

Follow up: Do these vary by age group, marital status, or any other factors?

How does this affect their behavior related to seeking and/or staying on FP?

2.2 What myths and misconceptions do men have here about FP?

Follow up: Do these vary by age group, marital status, or any other factors? If yes, please explain how.

2.3 What are common attitudes about FP among women of reproductive age in your community?

Follow up: How about the attitudes about FP among their partners?

Among men of reproductive age in general?

Among the overall community?

3 Barriers that hinder or influence women to access to family planning services

3.1 In your opinion, what are some of the most common reasons women in this Woreda/District *[SELECT APPROPRIATE TERM]* seek FP?

PROBES: financial stability, not in a relationship, don't want another child, family member/friend is doing it, etc.

Follow up: Why?

Which is the most common reason of all? Why?

What motivates them to seek FP services? How? Why?

Who influences them to seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

3.2 In your opinion, what are some of the most common reasons that prevent women in your community from seeking FP?

PROBES: cultural norms, partner does not accept FP, access/distance to facility, cost/affordability, myths and misconceptions, religious beliefs, discomfort going to a health facility, etc.

Follow up: Why do you think these reasons prevent women from seeking FP? *[FOLLOW UP ON EACH REASON GIVEN]*

Who influences women to not seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

What can be done to help these women overcome these barriers? *[FOLLOW UP ON EACH REASON GIVEN]*

3.3 Who in the family generally makes the decisions about a woman's reproductive health?

Follow up: What role does a woman's husband have in making decisions about family planning?

How much say do they have?

4 FP services in the private sector

4.1 Do more women seek FP services in public facilities or private facilities?

Follow up: Why?

4.2 What do you think are the benefits of seeking FP services in the public sector?

Follow up: What are the benefits of seeking FP services in the private sector?

4.3 What do you think are the barriers to seeking FP services in the public sector?

Follow up: What do you think are the barriers to seeking FP services in the private sector?

PROBES: cost, access/distance to private facility, limited time spent with provider, etc.

4.4 What are the biggest challenges this Woreda/District [SELECT APPROPRIATE TERM] faces in FP service delivery?

PROBES: high patient load, limited access to FP methods, limited time spent with client, counseling skills, etc.

Follow up: Why are these challenges?

What could be improved to reduce these challenges?

4.5 With the expansion of FP services in the private sector, do you encourage current and potential FP users to seek FP services in the private sector if they can afford it?

Follow up: Why or why not?

5 Sources of information

5.1 Where do women here get information on health?

PROBES: the health facility, health extension workers, radio programs, mother, sister, partner/husband, neighbor, etc.

Follow up: How about information specifically on FP?

Where do men get information on health? Specifically on FP?

Who are their trusted sources of health information?

What are effective communication channels among women? Among men?

PROBES: SMS, community theater, peer-to-peer networks, etc.

What types of information on FP does your office provide to women in this Woreda/District *[SELECT APPROPRIATE TERM]*?

How about men?

PROBES: male involvement in FP, supportive decision making for FP, etc.

5.2 What types of FP communication materials exist for women and men in this Woreda/District *[SELECT APPROPRIATE TERM]*?

PROBES: Print materials: brochures, posters; support groups, etc.

Follow up: Who created them?

Who are they intended for?

PROBES: Current FP users, females not using FP, men, FP health providers, etc.

Does the intended audience use them? Why or why not?

Do you think these materials are appropriate for the intended audience? Why or why not?

PROBES: literacy levels, information needs, etc.

What do you think would be useful that does not already exist?

PROBES: for current FP users, females not using FP, men, FP health providers, etc.

5.3 What behavior change activities for FP are happening in this Woreda/District *[SELECT APPROPRIATE TERM]*?

PROBES: media advocacy/adverts; community dramas; workplace information and service, school education

Follow up: Why or why aren't they effective?

What other activities could be useful and effective?

This concludes the interview. Do you have any other points you would like to raise? Do you have any other questions?

Thank you for your participation in the interview.

In-depth Interview Guide: Health Extension Worker

Introduction

Greetings, thank you very much for volunteering to participate in this interview. We are working with the Private Sector Health Program and we would like to talk to you about family planning services and health seeking behaviors of people in your community. Everything we are going to talk about for the next hour or so will be kept confidential. We will not be collecting your name at any point during this interview and your identification will never be revealed.

Your openness and candid response to all questions really matters. Please know that there are no right or wrong answers. It will help us better understand the use of family planning services and health seeking behavior among people in your community so that we can strengthen health communication about family planning in your area. However, you can withdraw your participation in this interview any time if you feel uncomfortable about what we are discussing.

My name is _____ and I will be asking you questions during this interview. This is my colleague _____ who will be taking notes during our discussion. S/He will also be recording our conversation with an audio tape to make sure that everything we discuss today is captured. Everything you discuss with us today will be kept confidential.

Is it ok if we record our conversation? *[MAKE SURE YOU RECEIVE VERBAL CONSENT TO RECORD]*

[NOW READ THE CONSENT SCRIPT TO THE PARTICIPANT]

Before we get started, do you have any questions?

General Information

Region _____

Town _____

1. FP Service provision (type of service, clients and preferred choices)

1.1. What is your role in providing FP to your community?

Follow up: What are your main responsibilities?

On average, how many clients do you see a week? How many of these are FP clients?

1.2. What types of FP methods do you provide to your clients? *[CHECK ALL THAT ARE STATED, THEN FOLLOW UP BY ASKING ABOUT SPECIFIC METHODS THAT WERE NOT ORGINALLY STATED]*

FP Method	√
Pill	
IUD	
Injectable	
Implant	
Male condom	
Female condom	
Emergency contraception	
Female sterilization	
Male sterilization	

Follow up: What about [INSERT METHOD HERE]?

Since you are not able to provide *[INSERT METHODS MENTIONED ABOVE]* where do people in your community seek such FP methods? What about male and female sterilization?

PROBES: private clinics, public facilities, pharmacists, etc.

Do you counsel men on FP options in addition to women?

IF NO, PROBE: Why not?

IF YES, PROBE: How frequently do men seek information from you on FP options?

1.3. How would you describe a typical FP user in your community?

PROBES: Age, sex, marital status (single, married, divorced, separated), literacy & education levels, income level, place of residence (urban, rural, peri-urban)

Follow up: What are the most popular FP methods among women in your community? Why? [REFER TO CHECKLIST ABOVE]

PROBE: permanent, intermediate and short-term methods

What are the least popular FP methods? Why?

What are the most popular FP methods that you offer and why?

What are the least popular methods that you offer and why?

1.4 For those methods that you do not offer, where do women obtain them? Why?

PROBES: private or public facilities

2 Current knowledge and attitudes regarding family planning

2.1 What are the most common myths and misconceptions that women in your community have about FP?

Follow up: Do these vary by age group, marital status, or any other factors?

How does this affect their behavior related to seeking and/or staying on FP?

2.2 What myths and misconceptions do men have in your community about FP?

Follow up: Do these vary by age group, marital status, or any other factors? If yes, please explain how.

2.3 What are common attitudes about FP among women of reproductive age in your community?

Follow up: How about the attitudes about FP among their partners? Among men of reproductive age in general? Among the overall community?

3 Barriers that hinder or influence women to access to family planning services

3.1 In your opinion, what are some of the most common reasons women in your community seek FP?

PROBES: financial stability, not in a relationship, don't want another child, family member/friend is doing it, etc.

Follow up: Why?

Which is the most common reason of all? Why?

What motivates them to seek FP services? How? Why?

Who influences them to seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

3.2 In your opinion, what are some of the most common reasons that prevent women in your community from seeking FP?

PROBES: cultural norms, partner does not accept FP, access/distance to facility, cost/affordability, myths and misconceptions, religious beliefs, discomfort going to a health facility, etc.

Follow up: Why do you think these reasons prevent women from seeking FP? *[FOLLOW UP ON EACH REASON GIVEN]*

Who influences women to not seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

What can be done to help these women overcome these barriers? *[FOLLOW UP ON EACH REASON GIVEN]*

3.3 In your community, who in the family makes the decisions about a woman's reproductive health?

Follow up: What role does a woman's husband have in making decisions about family planning?

How much say do they have?

4 Family planning services in the private sector

4.1 Do women seek the FP services that you cannot provide in public facilities or private facilities? Why?

4.2 What do you think are the benefits of seeking FP services in the private sector?

Follow up: What do you think your clients think are the benefits of seeking FP services in the private sector?

4.3 What do you think are the barriers to seeking FP services in the private sector?

Follow up: What do you think your clients think are the limitations of seeking FP services in the private sector?

PROBES: cost, access/distance to private facility, limited time spent with provider, etc.

4.4 What are the biggest challenges you face in FP service delivery?

PROBES: high patient load, limited access to FP methods, limited time spent with client, counseling skills, etc.

Follow up: Why are these challenges?

What could be improved to reduce these challenges?

4.5 With the expansion of FP services in the private sector, do you encourage current and potential FP users to seek FP services in the private sector if they can afford it? Why or why not?

5 Sources of information

5.1 Where do your clients get information on health?

PROBES: the health facility, health extension workers, radio programs, mother, sister, partner/husband, neighbor, etc.

Follow up: Who are their trusted sources of health information?

What are effective communication channels among this population?

PROBES: SMS, community theater, peer-to-peer networks, etc.

5.2 What types of information on FP do you provide to women in your community?

Follow up: How about men?

PROBE: male involvement in FP, supportive decision making for FP, etc.

Where else do people in your community get information on FP?

5.3 What types of FP communication materials do you have for your clients?

PROBES: Print materials: brochures, posters; support groups, etc.

Follow up: Do the clients use them? What materials do they like? Which ones do they dislike?

Do you think these materials are appropriate for your clients? Why or why not?

PROBES: literacy levels, information needs, etc.

What do you think they would find useful that does not already exist?

5.4 What behavior change activities for FP are happening in this community?

PROBES: media advocacy/adverts; community dramas; workplace information and service, school education

Follow up: Why or why aren't they effective?

What other activities could be useful and effective?

This concludes the interview. Do you have any other points you would like to raise? Do you have any other questions?

Thank you for your participation in the interview.

In-depth Interview Guide: Private Sector Family Planning Health Provider

Introduction

Greetings, thank you very much for volunteering to participate in this interview. We are working with the Private Sector Health Program and we would like to talk to you about family planning services and health seeking behaviors of your clients. Everything we are going to talk about for the next hour or so will be kept confidential. We will not be collecting your name at any point during this interview and your identification will never be revealed.

Your openness and candid response to all questions really matters. Please know that there are no right or wrong answers. It will help us better understand the use of family planning services and health seeking behavior among your facility's clients so that we can strengthen health communication about family planning in your community. However, you can withdraw your participation in this interview any time if you feel uncomfortable about what we are discussing.

My name is _____ and I will be asking you questions during this interview. This is my colleague _____ who will be taking notes during our discussion. S/He will also be recording our conversation with an audio tape to make sure that everything we discuss today is captured. Everything you discuss with us today will be kept confidential.

Is it ok if we record our conversation? *[MAKE SURE YOU RECEIVE VERBAL CONSENT TO RECORD]*

[NOW READ THE CONSENT SCRIPT TO THE PARTICIPANT]

Before we get started, do you have any questions?

General Information

Region _____

Town _____

Service year of the hospital/clinic_____

Type of facility *[CIRCLE ONE]:*

Hospital Higher Clinic Medium Lower Clinic

1. Family planning service provision (type of service, clients and preferred choices)

1.1. What is your role in FP at this facility?

Follow up: What are your main responsibilities in this role?

On average, how many clients do you see a week? How many of these are FP clients?

1.2. What types of FP services and methods are available at this facility? *[CHECK ALL THAT ARE STATED, THEN FOLLOW UP BY ASKING ABOUT SPECIFIC METHODS THAT WERE NOT ORGINALLY STATED]*

FP Method	√
Pill	
IUD	
Injectable	
Implant	
Male condom	
Female condom	
Emergency contraception	
Female sterilization	
Male sterilization	

Follow up: What about [INSERT METHOD HERE]?

Why isn't that method offered at this facility?

PROBES: not enough demand, staff aren't skilled enough to provide the service, too expensive, etc.

Where do women go to obtain the method(s) that your clinic does not offer?

What types of FP services do you offer for men?

IF SERVICES AREN'T PROVIDED, PROBE: Why aren't services provided for men?

IF SERVICES ARE PROVIDED, PROBE: How frequently do male clients access these FP services?

1.3. How would you describe your typical FP client at this facility?

PROBES: Age, sex, marital status (single, married, divorced, separated), literacy & education levels, income level, place of residence (urban, rural, peri-urban)

Follow up: Where do most of your clients who seek FP come from?

PROBE: in town, outskirts of town, rural villages, etc.

Do they come to the facility alone or with someone else? If with someone else, who?

PROBE: partner/husband, mother, sister, friend, etc.

What is the most popular FP method and why? [REFER TO CHECKLIST ABOVE]

PROBE: permanent, intermediate and short-term methods

What is this the least popular method and why?

1.4 Do the majority of your FP clients seek FP services from a public facility first? Why or why not?

Follow up: Why do you think women prefer seeking FP services in the private sector versus the public sector?

PROBES: perceived quality, easy access/distance, cost/affordability

Over the past year, have you seen an increase or decrease in the number of women accessing FP services at your clinic? Why?

2 Current knowledge and attitudes regarding family planning

2.1 What are the most common myths and misconceptions that your clients have about FP?

Follow up: How does this affect their behavior related to seeking and/or maintaining FP?

2.2 What are common attitudes about FP among women of reproductive age that come to this clinic?

Follow up: How about the attitudes about FP among their partners? Among the general community?

3 Barriers that hinder or influence women to access to family planning services

3.1 In your opinion, what are some of the most common reasons mentioned by clients for seeking FP?

PROBES: financial stability, not in a relationship, don't want another child, family member/friend is doing it, etc.

Follow up: Why?

Which is the most common reason of all? Why?

What motivates them to seek FP services? How? Why?

Who influences them to seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

3.2 In your opinion, what are some of the most common reasons that prevent women from seeking FP?

PROBES: partner does not accept FP, access/distance to facility, cost/affordability, myths and misconceptions, religious beliefs, discomfort going to a health facility, etc.

Follow up: Why do you think these reasons prevent women from seeking FP? *[FOLLOW UP ON EACH REASON GIVEN]*

Who influences women to not seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

What can be done to help these women overcome these barriers? *[FOLLOW UP ON EACH REASON GIVEN]*

4 Family planning services in the private sector

4.1 Do you think more women seeking FP services use the public facilities more or less than the private facility? Why?

4.2 What do you think are the benefits of seeking FP services in the private sector?

Follow up: What do you think your clients think are the benefits of seeking FP services in the private sector?

4.3 What do you think are the barriers of seeking FP services in the private sector?

Follow up: What do you think your clients think are the limitations of seeking FP services in the private sector?

PROBES: Cost, access/distance to private facility, etc.

4.4 As a health provider in the private sector, what are the biggest challenges you face in FP service delivery?

PROBES: uninformed clients, existing myths and misconceptions among clients, limited access to FP methods, limited time spent with client, counseling skills, etc.

Follow up: Why are these challenges?

What could be improved to reduce these challenges?

4.5 What would you suggest would help increase the demand for FP services in the private sector?

PROBES: Improving patient treatment, increasing awareness of clinic locations, etc.

5 Sources of information

5.1 Where do your clients get information on health?

PROBES: the clinic, health extension workers, radio programs, mother, sister, partner/husband, neighbor, etc.

Follow up: Who are their trusted sources of health information?

What are effective communication channels among this population?

5.2 What types of information do you provide your clients on FP?

Follow up: Where else do your clients get information on FP?

5.3 What types of FP communication materials do you have in your clinic for your clients?

PROBES: Print materials: brochures, posters; informational videos; client support groups, etc.

Follow up: Do the clients use them? What materials do they like? Which ones do they dislike?

Do you think these materials are appropriate for your clients? Why or why not?

PROBES: literacy levels, information needs, etc.

What do you think they would find useful that does not already exist?

5.4 What types of FP communication materials do you have in your clinic for you and your colleagues?

PROBES: Print materials: job aides, pocket guides, posters; informational videos; etc.

Follow up: Do you and your colleagues use them? Why or why not?

What do you think would be useful that does not already exist?

PROBES: guides on interpersonal communication/counseling skills

5.5 What behavior change activities for FP are happening in this community?

PROBES: media advocacy/adverts; community dramas; workplace information and service, school education

Follow up: Why or why aren't they effective?

What other activities could be useful and effective?

This concludes the interview. Do you have any other points you would like to raise? Do you have any other questions?

Thank you for your participation in the interview.

In-depth Interview Guide: Public Sector Family Planning Health Provider

Introduction

Greetings, thank you very much for volunteering to participate in this interview. We are working with the Private Sector Health Program and we would like to talk to you about family planning services and health seeking behaviors of your clients. Everything we are going to talk about for the next hour or so will be kept confidential. We will not be collecting your name at any point during this interview and your identification will never be revealed.

Your openness and candid response to all questions really matters. Please know that there are no right or wrong answers. It will help us better understand the use of family planning services and health seeking behavior among your facility's clients so that we can strengthen health communication about family planning in your community. However, you can withdraw your participation in this interview any time if you feel uncomfortable about what we are discussing.

My name is _____ and I will be asking you questions during this interview. This is my colleague _____ who will be taking notes during our discussion. S/He will also be recording our conversation with an audio tape to make sure that everything we discuss today is captured. Everything you discuss with us today will be kept confidential.

Is it ok if we record our conversation? *[MAKE SURE YOU RECEIVE VERBAL CONSENT TO RECORD]*

[NOW READ THE CONSENT SCRIPT TO THE PARTICIPANT]

Before we get started, do you have any questions?

General Information

Region _____

Town _____

Service year of the hospital/clinic_____

Type of facility *[CIRCLE ONE]:*

Hospital Higher Clinic Medium Lower Clinic

1. Family planning service provision (type of service, clients and preferred choices)

1.1. What is your role in FP at this facility?

Follow up: What are your main responsibilities in this role?

On average, how many clients do you see a week? How many of these are FP clients?

1.2. What types of FP services and methods are available at this facility? [*CHECK ALL THAT ARE STATED, THEN FOLLOW UP BY ASKING ABOUT SPECIFIC METHODS THAT WERE NOT ORGINALLY STATED]*

FP Method	√
Pill	
IUD	
Injectable	
Implant	
Male condom	
Female condom	
Emergency contraception	
Female sterilization	
Male sterilization	

Follow up: What about [INSERT METHOD HERE]?

Why isn't that method offered at this facility?

PROBES: not enough demand, staff aren't skilled enough to provide the service, too expensive, etc.

Where do women go to obtain the method(s) that your clinic does not offer?

What types of FP services do you offer for men?

IF SERVICES AREN'T PROVIDED, PROBE: Why aren't services provided for men?

IF SERVICES ARE PROVIDED, PROBE: How frequently do male clients access these FP services?

1.3. How would you describe your typical FP client at this facility?

PROBES: Age, sex, marital status (single, married, divorced, separated), literacy & education levels, income level, place of residence (urban, rural, peri-urban)

Follow up: Where do most of your clients who seek FP come from?

PROBE: in town, outskirts of town, rural villages, etc.

Do they come to the facility alone or with someone else? If with someone else, who?

PROBE: partner/husband, mother, sister, friend, etc.

What is the most popular FP method and why? [REFER TO CHECKLIST ABOVE]

PROBE: permanent, intermediate and short-term methods

What is this the least popular method and why?

1.4 Why do you think women prefer seeking FP services in the public sector versus the private sector?

PROBES: easy access/distance, cost/affordability

Follow up: Over the past year, have you seen an increase or decrease in the number of women accessing FP services at your facility? Why?

2 Current knowledge and attitudes regarding family planning

2.1 What are the most common myths and misconceptions that your clients have about FP?

Follow up: How does this affect their behavior related to seeking and/or maintaining FP?

2.2 What are common attitudes about FP among women of reproductive age that come to this facility?

Follow up: How about the attitudes about FP among their partners? Among the general community?

3 Barriers that hinder or influence women to access to family planning services

3.1 In your opinion, what are some of the most common reasons mentioned by clients for seeking FP?

PROBES: financial stability, not in a relationship, don't want another child, family member/friend is doing it, etc.

Follow up: Why?

Which is the most common reason of all? Why?

What motivates them to seek FP services? How? Why?

Who influences them to seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

3.2 In your opinion, what are some of the most common reasons that prevent women from seeking FP?

PROBES: cultural norms, partner does not accept FP, access/distance to facility, cost/affordability, myths and misconceptions, religious beliefs, discomfort going to a health facility, etc.

Follow up: Why do you think these reasons prevent women from seeking FP? *[FOLLOW UP ON EACH REASON GIVEN]*

Who influences women to not seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

What can be done to help these women overcome these barriers? *[FOLLOW UP ON EACH REASON GIVEN]*

4 Family planning services in the public sector

4.1 Do you think women seek FP services in public facilities more or less than the private facility? Why?

4.2 What do you think are the benefits of seeking FP services in the public sector?

Follow up: What do you think your clients think are the benefits of seeking FP services in the public sector?

4.3 What do you think are the barriers to seeking FP services in the public sector?

Follow up: What do you think your clients think are the limitations of seeking FP services in the public sector?

PROBES: wait time, access/distance to private facility, limited time spent with provider, etc.

4.4 With the expansion of FP services in the private sector, do you think it is important to encourage current and potential FP users to seek FP services in the private sector if they can afford it? Why or why not?

5 Sources of information

5.1 Where do your clients get information on health?

PROBES: the health facility, health extension workers, radio programs, mother, sister, partner/husband, neighbor, etc.

Follow up: Who are their trusted sources of health information?

What are effective communication channels among this population?

5.2 What types of information on FP do you provide to your clients?

Follow up: Where else do your clients get information on FP?

5.3 What types of FP communication materials do you have in your facility for your clients?

PROBES: Print materials: brochures, posters; informational videos; client support groups, etc.

Follow up: Do the clients use them? What materials do they like? Which ones do they dislike?

Do you think these materials are appropriate for your clients? Why or why not?

PROBES: literacy levels, information needs, etc.

What do you think they would find useful that does not already exist?

5.4 What types of FP communication materials do you have in your facility for you and your colleagues?

PROBES: Print materials: job aides, pocket guides, posters; informational videos; etc.

Follow up: Do you and your colleagues use them? Why or why not?

What do you think would be useful that does not already exist?

PROBES: guides on interpersonal communication/counseling skills

5.5 What behavior change activities for FP are happening in this community?

PROBES: media advocacy/adverts; community dramas; workplace information and service, school education

Follow up: Why or why aren't they effective?

What other activities could be useful and effective?

This concludes the interview. Do you have any other points you would like to raise? Do you have any other questions?

Thank you for your participation in the interview.

In-depth Interview Guide: Private Sector Pharmacist

Introduction

Greetings, thank you very much for volunteering to participate in this interview. We are working with the Private Sector Health Program and we would like to talk to you about family planning services and health seeking behaviors of your clients. Everything we are going to talk about for the next hour or so will be kept confidential. We will not be collecting your name at any point during this interview and your identification will never be revealed.

Your openness and candid response to all questions really matters. Please know that there are no right or wrong answers. It will help us better understand the use of family planning services and health seeking behavior among your pharmacy's clients so that we can strengthen health communication about family planning in your community. However, you can withdraw your participation in this interview any time if you feel uncomfortable about what we are discussing.

My name is _____ and I will be asking you questions during this interview. This is my colleague _____ who will be taking notes during our discussion. S/He will also be recording our conversation with an audio tape to make sure that everything we discuss today is captured. Everything you discuss with us today will be kept confidential.

Is it ok if we record our conversation? *[MAKE SURE YOU RECEIVE VERBAL CONSENT TO RECORD]*

[NOW READ THE CONSENT SCRIPT TO THE PARTICIPANT]

Before we get started, do you have any questions?

General Information

Region _____

Town _____

Service year of the pharmacy _____

Position at the pharmacy _____

I Provision of family planning methods (type of service, clients and preferred choices)

1.1. What are your main responsibilities here at this pharmacy?

Follow up: What is your role with the provision of FP methods?

In any given month, how many clients come to the pharmacy seeking a FP method?

1.2. What types of FP methods are available at this pharmacy? *[CHECK ALL THAT ARE STATED, THEN FOLLOW UP BY ASKING ABOUT SPECIFIC METHODS THAT WERE NOT MENTIONED]*

FP Method	√
Pill	
IUD	
Injectable	
Implant	
Male condom	
Female condom	
Emergency contraception	

Follow up: What about [INSERT METHOD HERE]?

Why isn't that method offered at this pharmacy?

PROBES: not enough demand, must be provided at a facility, too expensive, etc.

Where do women go to obtain the method(s) that your pharmacy does not offer?

What types of FP methods do you offer for men?

IF SERVICES AREN'T PROVIDED, PROBE: Why aren't methods provided for men?

IF SERVICES ARE PROVIDED, PROBE: How frequently do male clients seek FP methods here?

1.3. How would you describe your typical FP client at this pharmacy?

PROBES: Age, sex, marital status (single, married, divorced, separated), literacy and education levels, income level, place of residence (urban, rural, peri-urban)

Follow up: Where do most of your clients who seek FP come from?

PROBE: in town, outskirts of town, rural villages, etc.

Do they generally come to the pharmacy alone or with someone else? If with someone else, who?

PROBE: partner/husband, mother, sister, friend, etc.

What is the most popular FP method sold here and why? *[REFER TO CHECKLIST ABOVE]*

PROBE: permanent, intermediate and short-term methods

What is this the least popular method sold here and why?

1.4 How do your clients know where to purchase their FP method?

PROBE: told at clinic, only pharmacy in town, family member or friend gets it here, etc.

1.5 Do the majority of your FP clients seek FP services from a public or private facility?

Follow up: Why?

PROBES: perceived quality, easy access/distance, cost/affordability

1.6 Over the past year, have you seen an increase or decrease in the number of women seeking FP methods at your pharmacy?

Follow up: Why?

2 Client knowledge about family planning

2.1 What kind of information do you provide your clients about the FP method?

PROBES: risk factors, importance of adherence, side effects, etc.

Follow up: About FP in general?

What kind of questions do your clients ask?

What information do they seem to want/need?

Where else do your clients get information on FP?

2.2 What are the most common myths and misconceptions that your clients have about FP?

Follow up: How does this affect their behavior related to seeking and/or maintaining FP?

3 Barriers that hinder or influence women to access to family planning services

3.1 In your opinion, what are some of the most common reasons why your clients seek a FP method?

PROBES: financial stability, not in a relationship, don't want another child, family member/friend is doing it, etc.

Follow up: Why?

Which is the most common reason of all? Why?

What motivates them to seek FP services? How? Why?

Who influences them to seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

3.2 In your opinion, what are some of the most common reasons that prevent women from seeking FP?

PROBES: partner does not accept FP, access/distance to facility, cost/affordability, myths and misconceptions, religious beliefs, discomfort going to a health facility, etc.

Follow up: Why do you think these reasons prevent women from seeking FP? [FOLLOW UP ON EACH REASON GIVEN]

Who influences women to not seek FP services? How? Why?

PROBES: Partner/husband, mother-in-law, etc.

What can be done to help these women overcome these barriers? *[FOLLOW UP ON EACH REASON GIVEN]*

4 Family planning services in the private sector

4.1 What are the biggest challenges you face in FP service delivery?

PROBES: uninformed clients, existing myths and misconceptions among clients, limited access to FP methods, limited time spent with client, counseling skills, etc.

Follow up: Why are these challenges?

What could be improved to reduce these challenges?

4.2 What would you suggest would help increase the demand for FP?

PROBES: Improving patient treatment, increasing awareness of clinic locations, etc.

5 Communication sources

5.1 What types of FP communication materials do you have in your pharmacy for your clients?

PROBES: Print materials: brochures, posters; informational videos; etc.

Follow up: Do the clients use them? What materials do they like? Which ones do they dislike?

Do you think these materials are appropriate for your clients? Why or why not?

PROBES: literacy levels, information needs, etc.

What do you think they would find useful that does not already exist?

5.2 What types of communication materials do you have in your pharmacy for you and your colleagues to use when talking with your clients about FP?

PROBES: Print materials: job aides, pocket guides, posters; informational videos; etc.

Follow up: Do you and your colleagues use them? Why or why not?

What do you think would be useful that does not already exist?

PROBES: guides on interpersonal communication/counseling skills

This concludes the interview. Do you have any other points you would like to raise? Do you have any other questions?

Thank you for your participation in the interview.